

EXHIBIT 83

(Part 2)

**Goldline Laboratories**

1800 WEST COMMERCIAL BLVD. • FT. LAUDERDALE, FL 33309-3085

DIRECT ALL INQUIRIES:

BROWARD COUNTY 491-4002

OTHER AREAS (800) 327-4114

CUSTOMER NUMBER	STATEMENT DATE
00886031	7/31/94

DATE	DUE	TRANS.	REFERENCE	CURRENT	* PAST DUE	
					1 - 30 DAYS	OVER 30 DAYS
/10/94	6/20/94	UCC	3681			338.33-
/11/94	8/10/94	INV80008532		197.86		
/20/94	8/19/94	INV65023762		174.20		

8-11-94
 CRH 19123
 pd 33.73.

PREVIOUS BALANCE	NEW PURCHASES	PAYMENTS	OTHER ADJUSTMENTS	ACCOUNT BALANCE
338.33-	372.06			33.73

LATE PAYMENT CHARGE: 1 1/2% per month (or the maximum permitted by law) on all amounts due over 30 days, plus all costs of collection including court costs and reasonable attorney's fee.

**SEE REVERSE SIDE FOR TRANSACTION EXPLANATION

KENNEYS 29 PALMS DRUG STORE
 73501 29 PALMS HIGHWAY

TWENTYNINE PALMS CA 92277

HHD019-0408

HHD019-0408

CA 9212c

NF

we did not
use this
generic mfg's
invoice

SHIP
T O

TWENTY NINE PALMS

CA 9227

CA 92277

10005706

619/367-3434 964187-10 14.01

DESCRIPTION / COMPARE TO	ITEM NO.	NDC	UNIT PRICE	TOTAL
JEANNE *****				
VALPROIC ACID 250MG CAPS	483503	00904-7765-60	10.95*	
DEPAKENE 250MG				
NADOLOL 40MG TABS	488478	00904-7817-60	62.50*	
CORGARD 40MG				
NADOLOL 20MG TABS	488460	00904-7816-60	53.50*	
CORGARD 20MG				
E A I T E M S***				
PROPOX NAPSYL 100/650 PNK	874263	00904-7702-40	19.95*	
DARVOCET-N 100	C4			
		INVOICE TOTAL		1
OUT MAJORS NEW ANTIINFECTIVE PROMOTION.				

MILKED BY _____ NO. OF CARTONS _____

ACCOUNTS 30 DAYS PAST DUE, AND IS AN A.P.R. OF 18%. CUSTOMER ACKNOWLEDGES LIABILITY AND AGREES TO PAY COLLECTION COSTS AND ALL REASONABLE ATTORNEY'S FEES SHOULD THIS INVOICE BE PLACED FOR COLLECTION DUE TO NON-PAYMENT WITHIN TEN DAYS OF THE INVOICE DATE. CLAIMS FOR DAMAGE OR MISSING GOODS MUST BE FILED WITHIN 6 DAYS OF RECEIPT. NO MINIMUM ORDER - ADD \$10.00 FOR HANDLING ON ORDERS UNDER \$100.00.

IT WITHIN TEN DAYS OF THE INVOICE DATE. CLAIMS FOR DRYWALL OR INSULATING WOODS MUST BE FILED WITHIN 90 DAYS OF RECEIPT. NO WARRANTY GIVEN. ANY DISCOUNT FOR FREIGHT OR OTHER DISCOUNTS MUST BE

IS DISTRIBUTED BY OTHER COMPANIES ARE MADE SOLELY TO THE PHARMACEUTICALS COMPANY, IN COMPLIANCE WITH VARIOUS STATE GENERIC SUBSTITUTION LAWS. THE SUBSTITUTION OF A GENERIC EQUIVALENT FOR A TRADE NAME DRUG BY A PHARMACEUTICAL COMPANY IS NOT A VIOLATION OF THE FEDERAL DRUG

SEEK REIMBURSEMENT FROM MEDICARE OR ANY STATE HEALTH CARE PROGRAMS WITH RESPECT TO ANY GOODS COVERED BY THIS INVOICE, YOU ARE OBLIGATED TO REPORT THE AMOUNT OF ANY DISCOUNT RECEIVED IN CONNECTION WITH THE SALE OF SUCH GOODS TO THE APPROPRIATE MEDICARE OR STATE HEALTH CARE PROGRAMS.

HHD019-0409

HHD019-0409



STATEMENT

MAJOR ULTRA, INC.
8330 ARJUNS DRIVE CA 92126
SAN DIEGO
LOCAL 619-695-6080
WATTS 600-642-1232

WE APPRECIATE YOUR BUSINESS
CUSTOMER 1000-5706 **MF**

DATE _____

8/25/94

KENNEY'S DRUG
73501 29 PALMS HWY

--DATE DUE--
9/10/94

TWENTY NINE PALMS		CA 92277	9/10/94
DATE	INVOICE NUMBER / DESCRIPTION	AMOUNT	
7/28/94	751853 10005706	189.75	
<p>9-2-94 9-1-93 CK</p>			
CURRENT		TOTAL	
189.75	189.75		

31-60 DAYS PAST DUE

OVER 60 DAYS PAST DUE

TERMS:

Net 10, E.O.M. A service charge of 1½% per month (18% APR) will be added to all past due accounts.

BALANCE OVER 60 DAYS WILL RESULT

Invoice

#3936 #147 PHONE: (714) 772-6060
 92803 DEA: PF0000012
 TE DEWA 92277
 DEWA: AK9632957

BATCH: 007

P.O. NUMBER
000007019400

7/01/94

ACCT MGR: 115
 BILLING DATE: 7/01/94 R
 09SZZ01SZZ
 DEM: M CVUZZCVUZZ
 020917 210161 601 126
 CUSTOMER ICN ROUTE SHIP
 001112182 PAGE 1

NARCOTIC

HAZARDOUS MATERIALS
 CODE CLASSIFICATIONS
 LISTED ON REVERSE SIDE

QTY UN STORE UNIT GP I
 ORD UN RETAIL PRICE % D CODE EXTENS

 * IN OBSERVANCE OF *
 * INDEPENDENCE DAY YOUR *
 * MCKESSON DISTRIBUTION CTR *
 * WILL BE CLOSED MONDAY *
 * JULY 4TH. ORDERS TRANSMITTED *
 * SUNDAY JULY 3RD WILL BE *
 * DELIVERED TUESDAY JULY 5TH *
 * IF YOU HAVE ANY QUESTIONS *
 * PLEASE CONTACT OUR CUSTOMER *
 * SERVICE DPT AT 800-422-4131 *
 * FROM ALL OF US AT MCKESSON *
 * HAVE A SAFE AND ENJOYABLE *
 * HOLIDAY *

*we did not
 use this,
 who's order's
 invoices*

QTY	UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP %	I D	CODE	EXTENS
10	EA	CYLERT TAB 37.5MG	100	109.60	90.31	17.6	1 D	90.31
0	EA	CYLERT TAB 75MG	100	189.25	155.94	17.6	1 D	:00
0	EA	MANUFACTURER CAN NOT SUPPLY						
0	EA	KLONOPIN TAB 0.5MG RX PK	100	66.83	57.36	14.2	1 D	114.72
0	EA	KLONOPIN TAB 1.0MG RX PK	100	76.22	65.43	14.2	1 D	130.86
10	EA	HALCION TAB 0.25MG UU	10	6.85	5.64	17.7	1 D	56.40

S U M M A R Y
 RETAIL \$ 464.20 COST \$ 392.29 G.P. 15.5%

NET PAYABLE BY STMT DUE DATE 392.29
 GROSS PAYABLE AFTER STMT DUE DATE 400.30

ES 15 THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.
 15 AT ABOVE ADDRESS. CLAIM FIRST OF BIRTH WITHIN
 15 TIME OF YOUR ORDER. SHOW DATE OF RECEIPT.
 15 ALL GOODS ARE PROPERLY CLAIMED BY DEPT. ORDER, PACKAGED
 15 AND TRANSPORTED BY THE DEPARTMENT OF TRANSPORTATION

HHD019-0411

HHD019-0411

NET PAYABLE BY STMT DUE DATE 4334.58
 GROSS PAYABLE AFTER STMT DUE DATE 4423.04

3 PIECES THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.
 95 AT ABOVE ADDRESS, CLAIMS MUST BE MADE WITHIN
 FIVE DAYS AND SHOW DATE OF INVOICE
 ALL GOODS ARE PROPERLY CLASSIFIED, DISPOSED, PACKAGED
 AND REGISTRATION OF THE DEPARTMENT OF TRANSPORTATION

3936 #147 PHONE: (714) 772-6060
 92803 DEA: PF0000012
 FAY 92277 DEA: AX9632957

Invoice

BATCH: 007
 P.O. NUMBER
 000007019400

ACCT MGR: 114
 BILLING DATE: 7/01/94 015 R
 DEM: M 09SZZ01SZZ
 CVUZCVUZ

020917 210160 601 126

CUSTOMER TCN ROUTE STOP

7/01/94 001111182 PAGE 1

HAZARDOUS MATERIALS
 CODE CLASSIFICATIONS
 LISTED ON REVERSE SIDE

QTY	UN	ITEM DESCRIPTION	STORE	UNIT	GP	I	CODE	EXTENS
ORD			RETAIL	PRICE	%			

 * IN OBSERVANCE OF *
 * INDEPENDENCE DAY YOUR *
 * MCKESSON DISTRIBUTION CTR *
 * WILL BE CLOSED MONDAY *
 * JULY 4TH. ORDERS TRANSMITTED *
 * SUNDAY JULY 3RD WILL BE *
 * DELIVERED TUESDAY JULY 5TH *
 * IF YOU HAVE ANY QUESTIONS *
 * PLEASE CONTACT OUR CUSTOMER *
 * SERVICE DPT AT 800-422-4131 *
 * FROM ALL OF US AT MCKESSON *
 * HAVE A SAFE AND ENJOYABLE *
 * HOLIDAY *

12	EA	HUMULIN N NPH INSUL U100	10HL	23.076	14.96	35.2	2	179.52
12	EA	HUMULIN 70/30 SDV	10HL	23.076	14.96	35.2	2	179.52
PAGE 2								
2	EA	BENDRYL GRN MAX/STR	0.50Z	4.066	2.63	35.2	4	5.26

S U M M A R Y
 RETAIL \$ 553.68
 COST \$ 359.04
 G.P. 35.2%
 8.12 5.26 35.2%

HHD019-0412

HHD019-0412

M-Kesson
STATEMENTMCKESSON DRUG COMPANY
P O BOX 841043
DALLAS TX
75284-1043

AS OF: 07/15/94 PAGE: 1

KENNYS DRUG VALU-RITE
73501 29 PALMS HWY
29 PALMS CA 92277

DC #: 8147

TERRITORY #: 0015

CUSTOMER #: 8147020917

DATE: 07/16/94

DATE	INVOICE NUMBER	ORDER REFERENCE	DESCRIPTION	CASH DISCOUNT	AMOUNT (GROSS)
03/14/94	2067073	003129499999	EMOSTCP147 R	FUTURE DUE	08/10/94 83.03
05/04/94	0152124	000000050394	EMOSTCP147 R		10.69 534.71
05/12/94	1085132	005119499999	EMOSTCP147 R	FUTURE DUE	01/25/95 1,805.60
05/27/94	0326147	000000000525	EMOSTCP147 R	FUTURE DUE	01/25/95 1,192.29
06/07/94	1014158	0000000060634	EMOSTCP147 R	FUTURE DUE	01/25/95 794.43
07/01/94	1110182	000007019400	EMOSTCP147 R		88.46 4,423.04
07/01/94	1111182	000007019400	EMOSTCP147 R		7.43 371.73
07/01/94	1112182	000007019400	EMOSTCP147 R		8.01 400.30
07/01/94	1113182	199406301600	EMOSTCP147 R		14.49 724.33
07/01/94	1114182	199406301600	SUNMARK147 R		.03 1.73
07/01/94	1359182	000007019401	EMOSTCP147 R		.13 6.59
07/01/94	1360182	000007019401	EMOSTCP147 R		.33 16.41
07/01/94	2125182	DROPSHIP	DIRECT 147 O		.94 17.23
07/05/94	C68842		EMOSTCP147		58.03
07/05/94	C68843		EMOSTCP147		59.04
07/05/94	C68844		EMOSTCP147		55.96
07/05/94	C68845		EMOSTCP147		10.19
07/05/94	C68846		EMOSTCP147		3.31
07/05/94	0692186	000007019402	EMOSTCP147 R	52.55	2,527.50
07/05/94	0693186	000007019402	EMOSTCP147 R	.79	39.63
07/05/94	0694186	000007019402	EMOSTCP147 R	3.97	198.55
07/05/94	0695186	000007019402	EMOSTCP147 R	1.21	60.56
07/05/94	0696186	000007029400	EMOSTCP147 R	.52	25.79
07/06/94	C90896		EMOSTCP147		39.98
07/06/94	1022187	000007059400	EMOSTCP147 R	12.79	639.27
07/06/94	1023187	000007059400	EMOSTCP147 R	4.24	211.94
07/06/94	1024187	070592082292	EMOSTCP147 R	6.53	326.48
07/06/94	1401187	000300000020	EMOSTCP147 R	.70	34.84
07/06/94	1402187	073335211020	EMOSTCP147 R	1.77	88.70
07/07/94	1166189	000007069400	EMOSTCP147 R	32.70	1,535.12
07/07/94	1167188	000007069400	EMOSTCP147 R	4.97	248.49
07/07/94	1168189	000007069400	SUNMARK147 R	.61	30.54
07/07/94	1466188	032000000020	VALURIT147 R	15.28	764.16
07/08/94	1568189	000007079400	EMOSTCP147 R	24.23	1,211.65
07/08/94	1569189	000007079400	EMOSTCP147 R	4.22	210.78
07/08/94	1570189	000007079400	SUNMARK147 R	.12	6.99
07/08/94	1571189	000007079400	EMOSTCP147 R	.12	6.18

7-22-94
Clt 19-57
92-

Pd 19/195

M-Kesson
STATEMENTMCKESSON DRUG COMPANY
P O BOX 941043
DALLAS TX
75284-1043

AS OF: 07/15/94 PAGE:

D.C. #: 8147

KENNYS DRUG VALU-RITE
73501 29 PALMS HWY
29 PALMS CA 93277

TERRITORY #: 0015

CUSTOMER #: 8147020917

DATE: 07/16/94

DATE	INVOICE NUMBER	ORDER REFERENCE	DESCRIPTION	CASH DISCOUNT	AMOUNT (GROSS)
07/11/94	C16767		EMOSTCP147		40.74
07/11/94	C83322		EMOSTCP147		32.56
07/11/94	0802192	000007039400	EMOSTCP147 R	33.21	1,660.68
07/11/94	0803192	000007039400	EMOSTCP147 R	2.36	148.24
07/11/94	0804192	000007039400	EMOSTCP147 R	3.76	187.77
07/12/94	0670193	000000071194	EMOSTCP147 R	.58	29.22
07/12/94	0671193	0000007119400	EMOSTCP147 R	20.17	1,008.65
07/12/94	0672193	0000007119400	EMOSTCP147 R	1.14	57.16
07/12/94	1983193	099999999999	EMOSTCP147 R	11/25/94	2,513.38
07/13/94	0028194	MAY PROMO	REGULAR147 R	8.93	446.59
07/13/94	1344194	000007129400	EMOSTCP147 R	16.49	824.29
07/13/94	1345194	000007129400	EMOSTCP147 R	.64	31.98
07/13/94	1346194	000007129400	SUNMARK147 R	.11	5.49
07/13/94	1347194	000007129401	EMOSTCP147 R	2.50	124.95
07/13/94	1348194	000007129401	SUNMARK147 R	1.30	65.07
07/14/94	C70494		EMOSTCP147		31.27
07/14/94	C70496		EMOSTCP147		74.90
07/14/94	C70497		EMOSTCP147		7.30
07/14/94	C73075		EMOSTCP147		12.64
07/14/94	C90444	VR BASIC AUG			80.00
07/14/94	0286195	000007139401	EMOSTCP147 R	.42	21.02
07/14/94	0287195	000007139402	EMOSTCP147 R	.64	31.95
07/14/94	0809195	000007139403	EMOSTCP147 R	8.96	448.11

FUTURE DUE	6,388.73	SUBTOTALS	399.64	25,984.29
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PAST DUE	IF PAID BY 07/25/94		
	PAY THIS AMOUNT		19,195.92
LAST PAYMENT 07/14/94	17,829.80	IF PAID AFTER 07/25/94	
	PAY THIS AMOUNT		19,595.56

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HHD019-0414

PAGE 1

ID	DATE	TYPE	INV.	NDC	B/C	DESCRIPTION	QTY	PRICE	TOTAL
DE-O-5	09/22/94	W	00173044100	00	B	1 ANTAC INV PRNKO 50MG/50ML 245	24	94.50	94.50
DE-O-5	09/20/94	W	00002314460	7	B	DEPOT AXID PULV 150MG 60	60	6.77	6.77
DE-O-5	09/20/94	W	00026855463		B	CIPRO I.V. BAG 400MG 200ML 24	24	606.60	606.60
DE-O-5	09/20/94	W	00021440305		B	COLYTE SOL FLAVORED 4-LITER	4	8.34	8.34
DE-O-5	09/20/94	W	00049343726		B	DIFLUCAN DM IV BQ 20MG/100ML 6	6	394.29	394.29
DE-O-5	09/20/94	W	00186122613		G	DROPERID SDV 5MG 2ML ASTR 10	10	4.75	4.75
DE-O-5	09/20/94	W	00074636502		B	ERYTHROCIN VIAL 500MG 10	10	11.73	11.73
DE-O-5	09/20/94	W	00062155202		B	FLOXIN IV BAG 400MG 100ML	100	509.54	509.54
DE-O-5	09/20/94	W	51079028120		G	IBUPROF TB 400MG OP UDL 100	100	3.29	3.29
DE-O-5	09/20/94	W	00548200100		G	DEXTR SYR 50ML S-C INS 25	25	35.89	35.89
DE-O-5	09/20/94	W	00085036307		B	NORMODYNE MDV 100MG 20ML	20	26.02	26.02
DE-O-5	09/20/94	W	00008003605		B	PMV VEN S O/S 250MG 200ML	200	1.67	1.67
DE-O-5	09/20/94	W	00517281025		G	SOD CNL SDV 0.9% 10ML A/R 25	25	5.06	5.06
DE-O-5	09/20/94	W	00641039525		G	SENTINIC VL 80MG 2ML B/S 25	25	7.58	7.58
DE-O-5	09/20/94	W	00054329446		G	FUROSEM O/S 10MG ROX 60ML	60	3.12	3.12
DE-O-5	09/20/94	W	00087058011		B	QUESTRAM PWD 4CM PRT 60	60	66.63	66.63
DE-O-5	09/20/94	W	00074258660		B	DEPOT BIANIN TAB 500MG 60	60	138.79	138.79
DE-O-5	09/20/94	W	00009338201		B	CLEOCIN PHOS IV 900MG 50ML 24	24	99.97	99.97
DE-O-5	09/20/94	W	00005370049		G	ERYTHR ET O/S 200MG LED 150ML	150	6.94	6.94
DE-O-5	09/20/94	W	51079028120		G	IBUPROF TB 400MG OP UDL 100	100	3.29	3.29
DE-O-5	09/20/94	W	00074776311		G	POT CNL TAB 150MG U/D ABB 100	100	2.78	2.78
DE-O-5	09/20/94	W	00777310502		B	DEPOT PROMAC PULVULE 20MG 100	100	158.10	158.10
DE-O-5	09/20/94	W	00173039340		B	1 ANTAC TAB 300MG 30	30	75.88	75.88
DE-O-5	09/20/94	W	00044012002		B	AKINETON TAB 2MG 100	100	20.21	20.21
DE-O-5	09/20/94	W	00378111005		G	CLIPILIDE TAB 10MG MYLM 5008	500	180.27	180.27
DE-O-5	09/20/94	W	00005460802		B	EMSPERHAGE INHAL DRUG DEL KIT	1	12.58	12.58
DE-O-5	09/20/94	W	00585067502		B	INTAL INHALER ENTER SPR 112	112	30.77	30.77
DE-O-5	09/20/94	W	00364034401		G	PROCAIN CAP 500MG SCHE 100	100	3.58	3.58
DE-O-5	09/20/94	W	00069265066		B	PROCARDIA XL B/R TAB 30MG 100	100	95.81	95.81
DE-O-5	09/20/94	W	00075006037		B	ASMACORT INHALER 20CM	20	2.78	2.78
DE-O-5	09/20/94	W	00006073161		B	DEPOT NEVACOR TAB 20MG 60	60	86.23	86.23
DE-O-5	09/20/94	W	00536005084		B	SULFINICIN SUSP RUG 200ML	200	12.28	12.28
DE-O-5	09/20/94	W	00005321943		G	ATEMOL TAB 50MG LED 1008	100	4.55	4.55
DE-O-5	09/20/94	W	00088177747		B	CARDIEM SR CAP 60MG 100	100	59.11	59.11

According to Paul Chesser, this data will not be used; do not verify. Use 4/27/95

HHD019-0750

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HHD019-0750

PAGE 2

11/03/09

ID	DATE	TYPE	INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DE-0-5	09/20/94	W	00332314709		G	CERMALEX CAP 500MG BIO	100	11.86	11.86
DE-0-5	09/20/94	W	00049343030		B	DIFLUCAN TAB 200MG	30	272.97	272.97
DE-0-5	09/20/94	W	00049342030		B	DIFLUCAN TAB 100MG	30	166.82	166.82
DE-0-5	09/20/94	W	00781280201		G	DOXEPIN CAP 50MG GEN	100	3.41	3.41
DE-0-5	09/20/94	W	00585067103		B	NASALCROM NASAL SOL	13ML	18.06	18.06
DE-0-5	09/20/94	W	39769003402		G	PHEMT SDV 100MG 2ML SOLO	25	5.56	5.56
DE-0-5	09/20/94	W	00336005082		B	SULFINICIN SUSP RUG 100ML	100	6.12	6.12
DE-0-5	09/20/94	W	00182884489		G	TRIENTH+SULF TB D/S OP G/L	100	7.03	7.03
DE-0-5	09/20/94	W	00469101325		G	THIAMIN SDV 20MG 2ML PUJ	25	14.15	14.15
DE-0-5	09/20/94	W	00088179742		B	CARDIEN CD CAP 340MG	90	115.94	115.94
DE-0-5	09/20/94	W	00364056401		G	CNLOTH TAB 25MG YW SCNE	100	1.51	1.51
DE-0-5	09/20/94	W	58160086016		B	HEGERIX-B VAC SDV 20MG 1ML 25	25	884.63	884.63
DE-0-5	09/20/94	W	00037043001		B	FELBATOL TAB 400MG	100	48.52	48.52
DE-0-5	09/20/94	W	00003043730		B	FUNGICONE IV 50MG VIAL EACH	1	12.89	12.89
DE-0-5	09/20/94	W	00005316032		G	GENFIBR TAB 600MG LED	60	19.09	19.09
DE-0-5	09/20/94	W	00078018104		B	SANDOSTATIN AMP 100MG 1ML 50	50	331.41	331.41
DE-0-5	09/20/94	W	00364206901		G	SULFAM+TRI TAB D/S SCNE	100	5.04	5.04
DE-0-5	09/20/94	W	58887002730		B	THENTOL TAB 200MG	100	17.51	17.51
DE-0-5	09/20/94	W	00008034101		G	TET DIP SYR 0.5ML WY	10	16.43	16.43
DE-0-5	09/20/94	W	00081099501		B	SOVIRAX VIAL 500MG 10ML	10	395.64	395.64
DE-0-5	09/20/94	W	00029152522		B	BACTROBAN OINT 2%	15G	11.73	11.73
DE-0-5	09/20/94	W	00781145701		G	GLYBURIDE TAB 5MG GEN	100	21.22	21.22
DE-0-5	09/20/94	W	00029321120		B	PAXIL TAB 20MG	100	147.36	147.36
DE-0-5	09/20/94	W	00456103712		B	ANTILIRIUM AMP 2MG 2ML	12	24.51	24.51
DE-0-5	09/20/94	W	00071036224		B	DILANTIN KAP 100MG	100	14.92	14.92
DE-0-5	09/20/94	W	00002717510		B	DOBUTRIN VIAL 250MG 20ML	10	53.08	53.08
DE-0-5	09/20/94	W	00781143801		G	FLUPHENAS TAB 5MG GEN	100	23.75	23.75
DE-0-5	09/20/94	W	00186063601		G	FUROSEM SYR 10MG 10ML ASTR	10	20.73	20.73
DE-0-5	09/20/94	W	00517281025		G	SOD CNL SDV 0.9% 10ML A/R	25	5.06	5.06
DE-0-5	09/20/94	W	00008001808		B	WYCELLIN SYR 1200MU 2ML	10	35.09	35.09
DE-0-5	09/20/94	W	18393027642		B	ANAPROX TAB 550MG	100	101.25	101.25
DE-0-5	09/20/94	W	00056017270		B	COUNADIN TAB 5MG	100	46.16	46.16
DE-0-5	09/20/94	W	00025146131		B	CYTOTEC TAB 200MG	100	57.25	57.25
DE-0-5	09/20/94	W	00074630350		B	TRYPED DROP 40MG	50	3.59	3.59
DE-0-5	09/20/94	W	00781169501		G	IBOSOR OR TB 20MG GEN	100	1.35	1.35

HHD019-0751

HHD019-0751

PAGE 3

①

ID	DATE	TYPE	INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DE-O-5 ↑	09/20/94	↑	W ↑	00089079021	↑	B MAXAIR INHALER+ADAPTER	25.6	18.51	473.656
DE-O-5 ↓	09/20/94	↓	W ↓	00206845216	↓	B 108YN PWD VL 2.25CM	10	75.69	756.90
									5700.96 ✓
									<11,500
									5655.46 ✓

File: DEL.WQ1

① = see p.1

T = Traced to envelope
 t = traced to invoice
 ✓ = verified calculation

✓ VERIFIED INVOICE SUM. 6 11 95

5782.96

HHD019-0752

HHD019-0752

To: 913024204319

From: FaxGate

1-9-95 8:54am p. 1 of 1

INVOICEINVOICE NO.
20875442

03

PAGE 1 OF 1

GLAXO PHARMACEUTICALS * CERENEX PHARMACEUTICALS *
ALLEN & HANBURYS * GLAXO DERMATOLOGY**REMIT TO:**P.O. BOX 75553
CHARLOTTE, NC 28275**BILL TO:** 161799MEDICAL CENTER OF DELAWARE
UNION STREET STATION
P O BOX 2653

WILMINGTON

DE 19806

FAX TO LYNN McDONALD
FROM J. DOWLER

1-800-334-0032

SHIP TO: 161799MEDICAL CENTER OF DELAWARE
WILMINGTON HOSPITAL
501 WEST 14TH STREET
WILMINGTON DE 19801

PLEASE USE ACCOUNT # 161799 WHEN ORDERING

PURCHASE ORDER NO. WP1060670		INVOICE DATE 09/22/94		TERMS 2% 30 DAYS NET 31	
PRODUCT CODE	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT PRICE	EXTENSION
<p>*****RELEASE NOTE***** VENTOLIN NEBULES ARE NOW FULLY AVAILABLE.</p> <p>GLAXO PHARMACEUTICALS</p> <p>044100 ① ZANTAC INJ PRMXD 50MG/50ML 245 B 1.0 1.0 94.50 945.00</p> <p>① 00173-0441-00</p> <p>18.90 DISCOUNT ALLOWED IF PAYMENT RECEIVED WITHIN TERMS FROM DATE OF INVOICE</p>					
NOTATION:					EXTENSION TOTAL
SHIPPED VIA (SPECIFY CARRIER) UPS	DATE SHIPPED 09/21/94	QUANTITY SHIPPED 12	BACKORDER 0	B/L 194903-01	945.00

CUSTOMER SERVICE
ANY QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO:
PHONE 1-(800) 334-0032

Unauthorized sale or disposition of our products may result in a violation of the Food, Drug and Cosmetic Act.

We hereby certify that these goods were produced in compliance with applicable requirements of Sections 6, 7 and 12 of the Fair Labor Standards Act, as amended and of regulations and orders of the United States Department of Labor issued under Section 14, thereof. We hereby guarantee that no article listed herein is adulterated or misbranded with the meaning of the Federal Food, Drug and Cosmetic Act, or is an article which may not, under the provisions of Section 404 or 505 of the Act, be introduced into interstate commerce.

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HHD019-0753

HHD019-0753

REQUISITION/ORDER

Black 2/2/94

NO KUM DATE 7-20-94

HHD019-0754

M=REWORKS: M=NEI
 V=MFR OUT W=WHSE OUT D=MFR DISC X=NOT STOCKED U=NEW ITEM-STOCK UNAVAILABLE

STOP 07

any invoice reflects any discounts, prices, credits, or rebates to the price paid by you, then the invoice must be earned and paid with respect to the merchandise/services described herein, then federal law may require disclosure of the price reduction on your claim or cost reports for Medicare or Medicaid reimbursement under the applicable program.

See page 10 for more information on your claim or call reports for Medicare or Medicaid reimbursement under 42 U.S.C. 1320(a)-7b.



ROUTE 2B STOP

*** COPY *** ** COPY *** ** COPY ***

Cardinal Health
CARDINAL SYRACUSE, A CARDINAL HEALTH COMPANY 6012 MOLLOY ROAD SYRACUSE, NY 13221 315-437-6
WILMINGTON HOSP PHCY
BILL TO: 501 WEST 14TH STREET
THE MED CTR OF DEL
WILMINGTON DE 19801
FED-ID 15-0344660 DEANO PC 0003044
CUSTOMER NO. 385971 INVOICE NO. 3370313 INVOICE DATE 09/20/94
PAG 2

Y VER2

UPC/NDC	ITEM	QTY	DESCRIPTION	AMP	UNIT PRICE	EXTENSION
BOX ID: JV						
00044-0120-02	059733	4EA	AKINETON TAB 2MG 100 0120-02	B 24.00	20.21	80.84
51677-0005-00	208242	8EA	ASPIRIN TAB 325MG UD100	B 2.28	1.68	13.44
00378-1110-05	008011	2EA	GLIPIZIDE TAB 10MG 500S	MYL	180.27	360.54
00085-4602-02	753244	8EA	INSPIREASE STARTER KIT 4602-02	B 14.84	12.50	100.00
00585-0675-02	219576	6EA	INTAL INHALER 112/MD 675-02	B 36.53	30.77	184.62
00364-0344-01	546036	4EA	PROCAINAMIDE CAP 500MG 100S	SHN	3.58	14.32
00069-2650-66	748715	5EA	PROCARDIA-XL TAB 30MG 100S	PFZ	95.81+	479.05
BOX ID: JW						
00075-0060-37	326116	12EA	AZMACORT 60MG 20GM 60-37	B 41.54	2.78	33.36
00006-0731-61	457978	12EA	MEVACOR TAB 20MG 60S 731-61	MSD	86.23	1034.76
00536-0050-84	565465	6EA	RG SULFAMYICIN O/S 200ML 3100455	B 23.10	12.28	73.68
BOX ID: PU						
00005-3219-43	410233	6EA	ATENGLOL TAB 50MG 100S 321943	LED	4.55	27.30
00088-1777-47	304774	4EA	CARDIZEM SR CAP 60MG 100S	MMD	59.11+	236.44
00332-3147-09	847269	6EA	CEPHALEXIN CAP 500MG 100S	BC	11.86	71.16
00049-3430-30	789917	8EA	DIFLUCAN TAB 200MG 30S 1204	PFZ	272.97	2183.76
00049-3420-30	789925	8EA	DIFLUCAN TAB 100MG 30S 1201	PFZ	166.82	1334.56
00781-2802-01	109975	5EA	DOXEPIN HCL CAP 50MG 100S	GG	3.41	17.05
00585-0671-03	204834	1EA	NASALCROM NAS SOL 13ML 671-03	B 21.47	18.06	18.06
39769-0034-02	488890	8CT	PHENYTOIN SOD INJ 100MG 25X2ML VL	B 12.51	5.56	44.48
00536-0050-82	565440	6EA	RG SULFAMYICIN O/S 100ML 3100450	B 11.93	6.12	36.70
00182-8844-89	533778	9CT	SULFAMETH/TRIM 800/160 UD100	QL	7.03	35.18
00469-1013-25	406652	1CT	THIAMINE 100MG/ML 25X2ML 1302	G 27.40	14.15	14.15
BOX ID: SB						
00088-1797-42	404251	6EA	CARDIZEM CD CAP 240MG 90S	MMD	115.94	693.64
00364-0564-01	534339	4EA	CHLORTHALIDN TAB 25MG 100S	SHN	1.51	6.03
58160-0860-16	751693	2CT	ENGERIX-B 20MCG/ML 25S 3860-16	B 1326.49	884.63	1769.28
00037-0430-01	910307	2EA	FELBATOL TAB 400MG 100S	B 57.61	48.52	97.08
00003-0437-30	177493	10EA	FUNGIZONE INTRAV 50MG 0437-30	SG	12.87	128.70
00005-3160-32	795815	6EA	GEMFIBROZIL TAB 600MG 60S	LED	19.09	114.54
00078-0181-04	584946	1CT	SANDOSTATIN AMPS 1MG/ML 50S	B 393.36	331.41	331.41
00364-2069-01	540856	12EA	SULFATRIM D/S TAB 100S	SHN	5.04	60.48
58887-0027-30	185090	12EA	TEGRETOL TAB 200MG 100S	BP	17.51	210.12

Prices subject to change without notice. Prices are subject to change without notice. Prices are subject to change without notice.

LEGEND: C=CONTRACT

A=ALLOWANCES N=NET V=MFR OUT W=WHSE OUT D=MFR DISC X=NOT STOCKED U=NEW ITEM-STOCK UNAVAILABLE

884-2094

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Cardinal Health

CARDINAL SYRACUSE, A CARDINAL HEALTH COMPANY 6012 MOLLOY ROAD SYRACUSE, NY 13221 315-437-6
 BILL TO: WILMINGTON HOSP PHCY
 FED-ID 15-0344660 PC 0003044 DEANO.

BILL TO: 501 WEST 14TH STREET
WILMINGTON HOSP PAC
THE MED CTR OF DEL
WILMINGTON DE 198

INVOICE NO.	INVOICE DATE	PAC
33370313	09/20/94	

Y VERZ

UPC/NDC

QTY

ITEM

DESCRIPTION

Asap

UNIT PRICE

EXTENSION

TOTAL RX	23,472.11
TOTAL OTHER	1,906.56
TOTAL AWP	44,664.72

NET AMOUNT 25,378.67

ORDER NUM HO5161 HO6320 HO2120

PD: W16171D316

11. If the price includes any discounts or rebates for price reductions earned and paid with respect to the merchandise/services described herein, then federal law may require disclosure of the price reduction on your claim or cost reports for Medicare or Medicaid reimbursement unless the discounts or rebates for price reductions are subsequently

END

A=ALLOWANCES N=NET V=MFR OUT W=WHSE OUT D=MFR DISC X=NOT STOCKED U=NEW ITEM-STOCK UNAVAILABLE

Confidential

Pharmacy Information Form

Pharmacy Name: The Medical Center of Delaware
Wilmington Hospital Pharmacy

Address:
501 West 14th Street
Wilmington, De. 19801

Phone Number: 302-428-2736

Contact Person: Gerald Bloch, Supervisor, Outpatient Operations

Type of Pharmacy
(Check Appropriate Block(s))

Independent Retail Pharmacy	<input type="checkbox"/>
Chain (four or more stores) Pharmacy	<input type="checkbox"/>
Other:	
Nursing Home Pharmacy	<input type="checkbox"/>
Hospital Outpatient Pharmacy	<input checked="" type="checkbox"/>
Home I.V. Pharmacy	<input type="checkbox"/>
Mail Order Pharmacy	<input type="checkbox"/>
County Public Health Unit Pharmacy	<input type="checkbox"/>
Public Health Entity	<input type="checkbox"/>

HHD019-0759

HHD019-0759

REMITTANCE ADVICE

STATEMENT AS OF 09/30/94
STMT REF: 94273PLEASE DETACH ALONG INFORMATION AND
RETURN REMITTANCE ADVICE WITH YOUR PAYMENT

WILMINGTON HOSP PHCY

CUSTOMER NO 385971-03

CHECK OFF INVOICES YOU ARE PAYING

STATEMENT AS OF 09/30/94

STMT REF: 94273

CUSTOMER NO 385971-03

WILMINGTON HOSP PHCY
501 WEST 14TH STREET
THE REG CTR OF DEL
WILMINGTON DE 19801
ROUTE 15 STOP# 52

INVOICE DATE	INVOICE NUMBER	TYPE	DUE DATE	INVOICE AMOUNT	PAYMENT	BALANCE DUE	INVOICE NUMBER	BALANCE DUE
***** THE FOLLOWING INVOICES ARE PAST DUE *****								
022904	1903162	REG-INV	032594	453.60	.00	453.60	() 1903162	453.60
022904	1911637	REG-INV	032594	1540.00	.00	1540.00	() 1911637	1540.00
030894	3194318	CB-PLCR	041094	1.08CR	.00	1.08CR	() 3194318	1.08CR
033194	3967318	CB-ADJ	042594	30.96	.00	30.96	() 3967318	30.96
033194	3967319	CB-ADJ	042594	30.96	.00	30.96	() 3967319	30.96
033194	3967320	CB-ADJ	042594	31.68	.00	31.68	() 3967320	31.68
042994	3032290	REG-INV	052594	214.00	.00	214.00	() 3032290	214.00
050994	3191861	CB-PLCR	061094	697.86CR	.00	697.86CR	() 3191861	697.86CR
050994	3191878	CB-PLCR	061094	12396.23	.00	12396.23	() 3191878	12396.23
051194	3060330	REG-INV	061094	7944.67	.00	7944.67	() 3060330	7944.67
051194	3082028	REG-INV	062594	715.27CR	.00	715.27CR	() 3082028	715.27CR
060894	3013412	CB-PLCR	071094	211.30CR	.00	211.30CR	() 3013412	211.30CR
070594	3197262	REG-INV	081094	1125.40CR	.00	1125.40CR	() 3197262	1125.40CR
071594	3211415	REG-INV	081094	321.50CR	.00	321.50CR	() 3211415	321.50CR
071594	3010169	CB-PLCR	081094	25.56CR	.00	25.56CR	() 3010169	25.56CR
071494	3017164	CB-PLCR	081094	1874.37CR	.00	1874.37CR	() 3017164	1874.37CR
071494	3171640	CB-PLCR	081094	2024.61CR	.00	2024.61CR	() 3171640	2024.61CR
071594	3158449	CB-PLCR	081094	279.66CR	.00	279.66CR	() 3158449	279.66CR
071994	3224602	REG-INV	082594	2167.20CR	.00	2167.20CR	() 3224602	2167.20CR
071994	3224603	REG-INV	082594	864.42CR	.00	864.42CR	() 3224603	864.42CR
071994	3224604	REG-INV	082594	25.28CR	.00	25.28CR	() 3224604	25.28CR
071994	3224605	REG-INV	082594	25.38CR	.00	25.38CR	() 3224605	25.38CR
072194	3074565	VENO-CR	082594	2577.37CR	.00	2577.37CR	() 3074565	2577.37CR
080294	3256618	REG-INV	091094	196.14CR	.00	196.14CR	() 3256618	196.14CR
080294	3256619	REG-INV	091094	4.68CR	.00	4.68CR	() 3256619	4.68CR
080294	3256620	REG-INV	091094	81.58CR	.00	81.58CR	() 3256620	81.58CR
080294	3256621	REG-INV	091094	46.52CR	.00	46.52CR	() 3256621	46.52CR
080294	3256622	REG-INV	091094	911.41	.00	911.41	() 3256622	911.41
081294	3151662	CB-PLCR	091094	75.84CR	.00	75.84CR	() 3151662	75.84CR
081694	3019214	CB-PLCR	092594	2697.44CR	.00	2697.44CR	() 3019214	2697.44CR
081694	3286840	REG-INV	091094	13707.00CR	.00	13707.00CR	() 3286840	13707.00CR
081694	3289356	REG-INV	092594	6.75CR	.00	6.75CR	() 3289356	6.75CR
081694	3289357	REG-INV	092594	9.90CR	.00	9.90CR	() 3289357	9.90CR
081694	3289358	REG-INV	092594	24.36CR	.00	24.36CR	() 3289358	24.36CR
081694	3289359	REG-INV	092594	159.48CR	.00	159.48CR	() 3289359	159.48CR
081694	3289360	REG-INV	092594	143.58CR	.00	143.58CR	() 3289360	143.58CR
081694	3289361	REG-INV	092594	1.06CR	.00	1.06CR	() 3289361	1.06CR
081694	3289362	REG-INV	092594	10.92CR	.00	10.92CR	() 3289362	10.92CR
081694	3289363	REG-INV	092594	105.25CR	.00	105.25CR	() 3289363	105.25CR
081694	3289364	REG-INV	092594	318.45CR	.00	318.45CR	() 3289364	318.45CR
081694	3289365	REG-INV	092594	6.60	.00	6.60	() 3289365	6.60

CONFIDENTIAL

315 437 2344 P.02/05

CARDINAL SYRACUSE

JAN-05-1995 08:30

HHD019-0760

HHD019-0760

Cardinal Health

SYRACUSE DIVISION

P.O. BOX 4864, SYRACUSE, NY 13221

STATEMENT AS OF 09/30/94
PAGE NUMBER 2

FINANCE ADVISE

STATEMENT AS OF 09/30/94
CHECK NUMBER 385971-03PLEASE DETACH ALONG PERFORATION AND
RETURN REMITTANCE ADVICE WITHIN YOUR PAYMENT

STMT REF: 94273

CUSTOMER NO. 385971-03

WILMINGTON HOSP PHCY
501 WEST 14TH STREET
THE MGR CTR OF DEL
WILMINGTON DE 19801
ROUTER 15 STOP# 52

CUSTOMER NO. 385971-03

CHECK OFF INVOICES YOU ARE PAYING

INVOICE DATE	INVOICE NUMBER	TYPE	DATE INVT	NET AMOUNT	PAYMENT	BALANCE DUE	INVOIC NUMBER	BALANCE DUE
081894	3293234	REG-INV	092594	7408.35	7408.35	.00	() 3293234	.00
081994	3296437	REG-INV	092594	8905.57	8905.57	.00	() 3296437	.00
082294	3299961	REG-INV	092594	10773.08	10773.08	.00	() 3299961	.00
082294	3302407	REG-INV	092594	8.43CR	.00	8.43CR	() 3302407	8.43CR
082294	3302408	REG-INV	092594	89.34CR	.00	89.34CR	() 3302408	89.34CR
082294	3302409	REG-INV	092594	945.23CR	.00	945.23CR	() 3302409	945.23CR
082294	3302410	REG-INV	092594	3.66CR	.00	3.66CR	() 3302410	3.66CR
082294	3302411	REG-INV	092594	5.79CR	.00	5.79CR	() 3302411	5.79CR
082294	3302412	REG-INV	092594	222.40CR	.00	222.40CR	() 3302412	222.40CR
082294	3302413	REG-INV	092594	47.40CR	.00	47.40CR	() 3302413	47.40CR
082294	3303190	REG-INV	092594	21019.94	21019.94	.00	() 3303190	.00
082294	3303191	REG-INV	092594	1510.80	1510.80	.00	() 3303191	.00
082294	3304476	REG-INV	092594	18318.21	18318.21	.00	() 3304476	.00
082294	3304477	REG-INV	092594	3081.91	3081.91	.00	() 3304477	.00
082294	3304478	REG-INV	092594	18.30CR	.00	18.30CR	() 3304478	18.30CR
082294	3310246	REG-INV	092594	2216.89	2216.89	.00	() 3310246	.00
082294	3310247	REG-INV	092594	1205.25	1205.25	.00	() 3310247	.00
082294	3310248	REG-INV	092594	13803.37	13803.37	.00	() 3310248	.00
082294	3312507	REG-INV	092594	395.40CR	.00	395.40CR	() 3312507	395.40CR
082294	3312508	REG-INV	092594	36.97CR	.00	36.97CR	() 3312508	36.97CR
082294	3312509	REG-INV	092594	34.57	34.57	.00	() 3312509	.00
082294	3312510	REG-INV	092594	2742.65	2742.65	.00	() 3312510	.00
082294	3312511	REG-INV	092594	16332.57	16332.57	.00	() 3312511	.00
082294	3312512	REG-INV	092594	18035.72	18035.72	.00	() 3312512	.00
082294	3312513	REG-INV	092594	421.79	421.79	.00	() 3312513	.00
082294	3312514	REG-INV	092594	392.30	392.30	.00	() 3312514	.00
082294	3312515	REG-INV	092594	17581.54	17581.54	.00	() 3312515	.00
082294	3312516	REG-INV	092594	3438.55	3438.55	.00	() 3312516	.00
082294	3312517	REG-INV	092594	630.84	630.84	.00	() 3312517	.00
082294	3312518	REG-INV	092594	392.30	392.30	.00	() 3312518	.00
082294	3312519	REG-INV	092594	9.10CR	.00	9.10CR	() 3312519	9.10CR
082294	3312520	REG-INV	092594	188.82	188.82	.00	() 3312520	.00
082294	3312521	REG-INV	092594	9526.20	9526.20	.00	() 3312521	.00
082294	3312522	REG-INV	092594	252.75	252.75	.00	() 3312522	.00
082294	3312523	REG-INV	092594	542.48CR	.00	542.48CR	() 3312523	542.48CR
082294	3312524	REG-INV	092594	10.28CR	.00	10.28CR	() 3312524	10.28CR
082294	3312525	REG-INV	092594	4.40CR	.00	4.40CR	() 3312525	4.40CR
082294	3312526	REG-INV	092594	4.20CR	.00	4.20CR	() 3312526	4.20CR
082294	3312527	REG-INV	092594	137.21CR	.00	137.21CR	() 3312527	137.21CR
082294	3312528	REG-INV	092594	823.26CR	.00	823.26CR	() 3312528	823.26CR
082294	3312529	REG-INV	092594	312.64CR	.00	312.64CR	() 3312529	312.64CR
082294	3312530	REG-INV	092594	30.60CR	.00	30.60CR	() 3312530	30.60CR
082294	3312531	REG-INV	092594	164.00CR	164.00CR	.00	() 3312531	164.00
082294	3312532	REG-INV	092594	3466166	3466166	.00	() 3312532	3466166

CONFIDENTIAL

315 437 2344 P.03/05

CARDINAL SYRACUSE

JAN-05-1995 08:31

HHD019-0761

HHD019-0761

Cardinal Health

SYRACUSE DIVISION
P.O. BOX 4864, SYRACUSE, NY 13221STATEMENT AS OF 09/30/94
PAGE NUMBER 3

STMT REF: 94273

CUSTOMER NO. 385971-03

WILMINGTON HOSP PHCY
501 WEST 14TH STREET
THE REG CIR OF DEL
WILMINGTON DE 19801
ROUTED 15 STOPP 52

BILL TO: WILMINGTON HOSP PHCY

STATEMENT AS OF 09/30/94
STMT REF: 94273PLEASE REVIEW ALONG WITH STATEMENT AND
RETURN WITHIN 30 DAYS OF YOUR PAYMENT

WILMINGTON HOSP PHCY

CUSTOMER NO. 385971-03

CHECK OFF INVOICES YOU ARE PAYING

INVOICE DATE	INVOICE NUMBER	TYPE	DUE DATE	REF	INVOICE AMOUNT	PAYMENT	BALANCE DUE	INVOICE NUMBER	BALANCE DUE
***** THE FOLLOWING INVOICES CAME DUE THIS PERIOD *****									
090194	3328178	REG-INV	101094	W161710292	197.64	197.64	.00	()	3328178
090194	3328179	REG-INV	101094	W161710304	13046.89	13046.89	.00	()	3328179
090194	3328180	REG-INV	101094	W161710304	2659.94	2659.94	.00	()	3328180
090294	3331501	REG-INV	101094	W161710305	17801.87	17801.87	.00	()	3331501
090294	3333370	REG-INV	101094	W161710306	35.00	35.00	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	8565.46	8565.46	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	107.91CR	107.91CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	62.72CR	62.72CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	21106.93	21106.93	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	19616.01	19616.01	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	259.82	259.82	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	1047.00	1047.00	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	290.04	290.04	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	9992.15	9992.15	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	1456.59	1456.59	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	22737.04	22737.04	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	1145.02CR	1145.02CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	1614.09	1614.09	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	13868.32	13868.32	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	1.80CR	1.80CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	829.80CR	829.80CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	22.24CR	22.24CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	15.12CR	15.12CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	38.42CR	38.42CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	12.64CR	12.64CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	320.64CR	320.64CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	327.60CR	327.60CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	2272.86CR	2272.86CR	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	13867.93	13867.93	.00	()	3333370
090294	3333370	REG-INV	101094	W161710306	3988.86	3988.86	.00	()	3333370
***** THE FOLLOWING INVOICES ARE NOT YET DUE *****									
090294	3363218	REG-INV	102594	W161710314	21928.26	.00	21928.26	()	3363218
090294	3363219	REG-INV	102594	W161710314	167.13	.00	167.13	()	3363219
090294	3363219	REG-INV	102594	W161710314	11344.13	.00	11344.13	()	3363219
090294	3363219	REG-INV	102594	W161710314	2428.20	.00	2428.20	()	3363219
090294	3363219	REG-INV	102594	W161710314	25378.67	.00	25378.67	()	3363219
090294	3363219	REG-INV	102594	W161710314	616.14CR	.00	616.14CR	()	3363219
090294	3363219	REG-INV	102594	W161710314	19237.30	.00	19237.30	()	3363219
090294	3363219	REG-INV	102594	W161710314	2569.54	.00	2569.54	()	3363219
090294	3363219	REG-INV	102594	W161710314	1584.06	.00	1584.06	()	3363219
090294	3363219	REG-INV	102594	W161710314	821.59	.00	821.59	()	3363219

SUBTOTAL: 24838.16CR

***** THE FOLLOWING INVOICES CAME DUE THIS PERIOD *****

***** THE FOLLOWING INVOICES ARE NOT YET DUE *****

CONFIDENTIAL

P.04/05

315 437 2344

CARDINAL SYRACUSE

JAN-05-1995 08:31

HHD019-0762

HHD019-0762

TOTAL P.05

Cardinal Health

CREDIT DIVISION

P.O. BOX 4864, SYRACUSE, NY 13221

STATEMENT AS OF 09/30/94
PAGE NUMBER 4

STMT REF: 94273

STATEMENT AS OF 09/30/94
STMT REF: 94273PLEASE DETACH ALONG INFORMATION AND
RETURN TO: P.O. BOX 4864, SYRACUSE, NY 13221

CUSTOMER NO. 385971-03

WILMINGTON HOSP PHCY
501 WEST 14TH STREET
THE MED CTR OF DEL
WILMINGTON DE 19801
ROUTE 15 STOP 52

Customer NO 385971-03

CHECK OFF ENTRIES YOU ARE PAYING

INVOICE DATE	INVOICE NUMBER	TYPE	DATE	REF	INVOICE AMOUNT	PAYMENT	BALANCE DUE	INVOICE NUMBER	BALANCE DUE
092294	3377494	REG-INV	102594	W161710318	13847.13	.00	13847.13	() 3377494	13847.13
092294	3377495	REG-INV	102594	W161710318	2.66	.00	2.66	() 3377495	2.66
092394	3381003	REG-INV	102594	W161710319	8594.44	.00	8594.44	() 3381003	8594.44
092694	3384622	REG-INV	102594	W161710320	15116.46	.00	15116.46	() 3384622	15116.46
092794	3388070	REG-INV	102594	W161710321	16935.04	.00	16935.04	() 3388070	16935.04
092794	3388071	REG-INV	102594	W161710321	31.86	.00	31.86	() 3388071	31.86
092794	3390456	REG-INV	102594	W161710321	140.34CR	.00	140.34CR	() 3390456	140.34CR
092894	3391330	REG-INV	102594	W161710321	207.00	.00	207.00	() 3391330	207.00
092894	3391331	REG-INV	102594	W161710322	18638.87	.00	18638.87	() 3391331	18638.87
092894	3391332	REG-INV	102594	W161710322	2068.19	.00	2068.19	() 3391332	2068.19
092894	3393381	REG-INV	102594	W161710322	392.30	.00	392.30	() 3393381	392.30
092894	3393423	REG-INV	102594	W161710323	392.30	.00	392.30	() 3393423	392.30
092894	3393424	REG-INV	102594	W161710323	392.30	.00	392.30	() 3393424	392.30
092994	3392452	REG-INV	102594	W161710323	35.00CR	.00	35.00CR	() 3392452	35.00CR
092994	3394892	REG-INV	102594	W161710323	9737.33	.00	9737.33	() 3394892	9737.33
092994	3394893	REG-INV	102594	W161710323	143.26	.00	143.26	() 3394893	143.26
092994	3395436	REG-INV	102594	W161710323	1145.67	.00	1145.67	() 3395436	1145.67
093094	3397145	WEND-CR	102594	W161710324	617.71CR	.00	617.71CR	() 3397145	617.71CR
093094	3398058	REG-INV	102594	W161710324	10056.84	.00	10056.84	() 3398058	10056.84

***** CHECKS RECEIVED THIS PERIOD *****
CHECK NUMBER DATE APPLIED CHECK AMOUNT361081 09/21/94 166,210.22
361784 09/27/94 137,197.05

ACCOUNT BALANCE	FUTURE DATING	CURRENT DUE	PAST DUE	AMOUNT DUE	THIS STATEMENT
171,680.27	182,169.32	14,349.11	24,838.16CR	10,489.05CR	10,489.05CR

DISPUTED

PURCHASES THIS STATE PERIOD: 182,169.32

DISCOUNT PURCHASES THIS STATE PERIOD: .00

PAYMENTS, ADJUSTMENTS & CREDITS APPLIED THIS STATE PERIOD: 303,407.27

* ALL PAST DUE BALANCES ARE SUBJECT TO 1.5% MONTHLY SERVICE CHARGE:

* AMOUNT DUE IS EQUAL TO CURRENT DUE + PAST DUE

FIRST DIGIT OF INVOICE NUMBER INDICATES SHIPPING LOCATION

1 = BUFFALO 3 = SYRACUSE 4 = ALBANY

PLEASE
REMIT: 10,489.05CRAMOUNT
ENCLOSED:SEND PAYMENT TO:
CARDINAL SYRACUSE INC.
P.O. BOX 641143
PITTSBURGH, PA 15264-1143

CONFIDENTIAL

315 437 2344 P.05/05

CARDINAL SYRACUSE

JAN-05-1995 08:32

HHD019-0763

HHD019-0763



DUPLICATE INVOICE

MAILING ADDRESS

SOMERSET BRANCH
300 FRANKLIN SQUARE DR

SOMERSET NJ 08873

IF PAYING BY INVOICE, PLEASE REMIT TO:
MERCK HUMAN HEALTH
P.O. BOX 7780-3061
PHILADELPHIA PA 19182-3061Inv: 1 of: 1
Page: 1 of: 1
01/04/95 12:01:12MEDICAL CENTER OF DELAWARE
PO BOX 2653
UNION ST STA
WILMINGTON DE 19805MEDICAL CTR OF DELAWARE
WILMINGTON HOSPITAL
501 W 14TH ST
WILMINGTON DE 19899

01

SPECIAL INSTRUCTIONS:

DATE	01/04/95
INVT DATE	01/04/95
INVT NO	11111111
SHIP ID	54773
ACCOUNT NUMBER	1500200

SALE
2% 15 PROX NET EOM
TRADE

PT# 531

PURCHASE ORDER NUMBER

DESCRIPTION	PRODUCT SIZE	QTY	UNIT PRICE	EXTENSION
VIALS OF DILUENT	0006-4309-00	5		
M-M-R-II (TEN SINGLE DOSES)	0006-4681-00	5	214.38	1071.65
EXCISE TAX				222.00
<p>This is a valid billing history for Medical Center of Delaware. We have no other billing history paperwork for the month of September.</p> <p>Terry Suter Merck Customer Account Rep</p>				

WE HEREBY GUARANTEE THAT THE ARTICLES LISTED HEREIN ARE NOT ADULTERATED OR MISBRANDED WITHIN THE MEANINGS OF THE FEDERAL FOOD, DRUG AND COSMETIC ACT AND ARE NOT ARTICLES WHICH MAY NOT BE INTRODUCED INTO INTERSTATE COMMERCE UNDER THE PROVISIONS OF SECTION 304 OF SAID ACT, AND THAT THEY HAVE BEEN PRODUCED IN COMPLIANCE WITH THE REQUIREMENTS OF THE FAIR LABOR STANDARDS ACT, AS AMENDED. TITLE TO MERCHANDISE PASSES TO BUYER AT POINT OF SHIPMENT.

PAGE 004

TOTAL QUANTITY

10

\$ 1,293.65

we did not
use this
mfg's
invoice

HHD019-0765


Dept: 36701, PHARMACY-WIL

PO Date: 09/14/94

PO Number:

81097

DEPARTMENT CONFIRMATION

Vendor: ALCON ALCON SURGICAL 10355 WAVERLY WOODS DRIVE ELLICOTT CITY, MD 21043 1-800-962-5206		Ship To: WILMINGTON HOSPITAL 501 W. 14TH STREET WILMINGTON, DE 19801		PO Type: 6701 Composed By: AGOSTINELLI Purchasing LIC: P23801 Delivery Date: 09/15/94						
Line	Vendor Catalog	Mfg. Catalog	Order Quantity	Req#	Description	Account Number	Item Number	Contract Expires	Order Price	Extended Price
1	8005-1830-85	8005-1830-85	192 EA	48321	PROVISC, 0.85ML	625500			60.00	11520.00
<i>Complete 9/27/94</i> 										
Page Total:			11520.00	Discount:	0.00	Grand Total:			11520.00	

PHARMACY-WIL

Page 1

81097

PO Number:

09/14/94

PO Date:

Dept: CS701, PHARMACY-WIL

DEPARTMENT DELIVERY DOCUMENT

Vendor: ALCON
ALCON SURGICAL
10355 WAVERLY WOODS DRIVE
ELLICOTT CITY, MD 21043
1-800-862-5286

Comment:

conf. order to Kevin Kokes on 9-14-94

Purchasing LIC: P23801

P/C	Description	Contents	Mfg. Catalog	Hosp. Number	Req. Number	Order Qty	Qty Rec'd	Location	Item #
	PROVISC, 0.85ML	1 EA	B085-1830-85		48321	192 EA	192		

Received By: C MAY Date: 09/30/94

Printed: 09/30/94

Accepted By:

PHARMACY-WIL

Date:

Page 1

CONFIDENTIAL

HHD019-0768

HHD019-0768

Dept: 36701, PHARMACY-WIL

PO Date: 09/01/94

PO Number:

80189

DEPARTMENT CONFIRMATION

Vendor: MERCK MERCK SHARPE DOHME P.O. BOX 7777-W0480 PHILADELPHIA, PA 1-800-637-2579			Ship To: WILMINGTON HOSPITAL 501 W. 14TH STREET WILMINGTON, DE 19801			PO Type: Composed By: D. WORKMAN Purchasing LIC: P23801 Delivery Date:				
Line	Vendor Catalog	Mfg. Catalog	Order Quantity	Req#	Description	Account Number	Item Number	Contract Expires	Order Price	Extended Price
1	00006-4881-00	00006-4881-00	5 BX	CHS806	MEASLES/MUMPS/RUBELLA VACCINE Please confirm pricing & delivery with Dave Workman (302) 733-3598 or Fax # (302) 733-3543	625500	89147	07/31/95	214.33	1071.65
<i>Complete to 9/6/94</i>										
Page Total:			1071.65	Discount:	0.00	Grand Total:			1071.65	

PHARMACY-WIL

Page 1

HHD019-0769

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HHD019-0769

Confidential

Pharmacy Information Form

Pharmacy Name: Edgehill #9

Address: 1401 Middleford Rd
SEAFORD, DE 19973

Phone Number: 629-6865

Contact Person: PRESTON FRALLIC

Type of Pharmacy
(Check Appropriate Block(s))

- | | |
|--------------------------------------|-------------------------------------|
| Independent Retail Pharmacy | <input type="checkbox"/> |
| Chain (four or more stores) Pharmacy | <input checked="" type="checkbox"/> |
| Other: | |
| Nursing Home Pharmacy | <input type="checkbox"/> |
| Hospital Outpatient Pharmacy | <input type="checkbox"/> |
| Home I.V. Pharmacy | <input type="checkbox"/> |
| Mail Order Pharmacy | <input type="checkbox"/> |
| County Public Health Unit Pharmacy | <input type="checkbox"/> |
| Public Health Entity | <input type="checkbox"/> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF
SOCIAL SERVICES

TELEPHONE: (302)

577-4901

November 14, 1994

Edgehill Pharmacy 9
1401 Middleford Road
Seaford, DE 19973

Dear Pharmacy Provider:

At the request of the Health Care Financing Administration (HCFA), Delaware Medicaid is participating with the Office of Inspector General (OIG) in conducting a nationwide review of drug acquisition costs of Medicaid pharmacy providers. Delaware is 1 of 11 states selected as part of the review.

Your pharmacy is 1 of 45 pharmacies randomly selected from Delaware to participate in this review. The sample selection reflects different categories of pharmacies including rural, urban, chain, independent and others.

In order to ensure the validity of this study, the OIG requires that you provide the following information:

- A copy of the largest invoice for February of 1994 from each source of supply. The largest invoice is defined as the invoice with the largest number of legend drug line items. Sources of supply include wholesalers, chain warehouse distribution centers, generic distributors, and direct manufacturer purchases.
- A copy of the billing statement for the corresponding invoice from each source of supply.
- A completed information form (enclosed).

Please be assured that the information you provide will be kept confidential and will be strictly used for the purposes of this review. As part of the OIG's quality assurance program, your information may be subject to an on-site review.

The completed information should be returned to the OIG in the enclosed pre-addressed stamped envelope no later than 15 days from the date of this letter. We appreciate your cooperation in this matter. Should you have any questions regarding our request, please contact William Shrigley or Paul Chesser of the OIG at 1-800-527-8323.

Sincerely,

A handwritten signature in cursive script that reads "Philip P. Soule, Sr.".

Philip P. Soule, Sr.
Medicaid Director

PAGE 1

ID	TYPE	DATE	INV.	WDC	B/S	DESCRIPTION	QTY	PRICE	TOTAL
DE-RC-1	T	02/16/94	t	G	00781105005	CARISOPRODOL 350 MG TB	500	18.95	t
DE-RC-1		02/16/94	G	G	00781176601	IMIPRAM TAB 50MG GEN	100	2.05	
DE-RC-1		02/16/94	G	G	00781148501	PREDNISON TAB 20MG GEN	100	3.62	
DE-RC-1		02/16/94	G	G	00781232501	INDOMET CAP 25MG GEN	100	2.09	
DE-RC-1		02/16/94	G	G	00781715016	LIWDAWS LOT 14 GEN 1608	16	8.39	
DE-RC-1		02/16/94	G	G	00781139601	HALOP TAB 5MG GEN	100	2.10	37.20
DE-RC-1		02/15/94	t	B	00006045668	ALDORIL-25 TAB	100	41.91	t
DE-RC-1		02/15/94	M	B	00006063761	DOLOBID TAB 500MG U/U	60	54.02	
DE-RC-1		02/15/94	M	B	00006001468	VASOTEC TAB 2.5MG	100	55.53	
DE-RC-1		02/15/94	M	B	00006071368	VASOTEC TAB 10MG	100	74.08	
DE-RC-1		02/15/94	M	B	00006073161	DEPOT NEVACOR TAB 20MG	60	95.83	
DE-RC-1		02/15/94	M	B	00006073261	NEVACOR TAB 40MG U/U	60	172.49	
DE-RC-1		02/15/94	M	B	00006010658	PRINIVIL TAB 10MG UU	100	65.13	558.99
DE-RC-1		02/07/94	t	G	00074622713	ERYTHR BSE TAB 500MG ABB	100	12.85	t
DE-RC-1		02/07/94	C	B	00074332313	MYTRIN TAB 2MG	100	98.81	
DE-RC-1		02/07/94	C	B	00074394604	OCEN 1.25 MG	100	58.85	
DE-RC-1		02/07/94	C	B	00998064305	TOBREX 0.3% SOLN DT	5	14.63	
DE-RC-1		02/07/94	C	B	01198026020	PROPRIN C CAP B.I.D.	10	22.31	
DE-RC-1		02/07/94	C	B	59772246101	NEBROL 20 MG-1MG GENX 1008	100	57.75	
DE-RC-1		02/07/94	C	B	00003065560	TETRACY/SUNY CAP 250MG APO 1M	1000	20.98	
DE-RC-1		02/07/94	C	B	00003076350	TETRACY/SUNY CAP 500MG APO 5C	500	19.90	
DE-RC-1		02/07/94	C	B	00003010960	AMOX+TRIN CAP 500MG APO 5008	500	62.10	
DE-RC-1		02/07/94	C	B	00290000410	BB 40410-100 MG	100	17.56	
DE-RC-1		02/07/94	C	B	00290000465	BB 40465 1/200 MG	100	17.56	
DE-RC-1		02/07/94	C	B	00029607527	AUGMENTIN TAB 250MG	30	45.62	
DE-RC-1		02/07/94	C	B	00029608027	AUGMENTIN TAB 500MG	30	63.60	
DE-RC-1		02/07/94	C	B	00029609039	AUGMENTIN 250 O/S	75	20.82	
DE-RC-1		02/07/94	C	B	00029609022	AUGMENTIN 250 O/S	150	40.79	
DE-RC-1		02/07/94	C	B	00029408438	TIGAN SUPP 200MG	10	14.53	
DE-RC-1		02/07/94	C	B	00597008214	ATROVENT INHL AERO COMPL 14GH	14	23.08	
DE-RC-1		02/07/94	C	B	00524020801	B-BYCIN TAB 333MG	100	24.33	
DE-RC-1		02/07/94	C	B	00456067099	AEROBID-M INHALER	7	38.13	
DE-RC-1		02/07/94	C	G	00168022015	SULFACHT SOL 104 FOUNG 15ML	15	1.15	

HHD019-0772

HHD019-0772

PAGE 2

ID	DATE	TYPE INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DE-RC-1	02/07/94	C	00028007101	B	LOPRESSOR TAB 100MG	100	63.56	✓
DE-RC-1	02/07/94	C	57267091026	B	TRANSDERM-NITRO 0.4MG/NR	30	41.73	✓
DE-RC-1	02/07/94	C	00173032188	B	DEPOT VENTOLIN INHALER	17	18.69	✓
DE-RC-1	02/07/94	C	00173032198	B	VENTOLIN INHALER RFP	17	17.23	✓
DE-RC-1	02/07/94	C	00173034409	B	DEPOT SANTAC TAB 150MG	100	140.84	✓
DE-RC-1	02/07/94	C	00039005250	B	DIABETA TAB 5MG	500	210.11	✓
DE-RC-1	02/07/94	C	00058261005	B	LIVOSTIN O/S	5	17.17	✓
DE-RC-1	02/07/94	C	50458022115	B	WISORAL CREAM 2%	15	10.85	✓
DE-RC-1	02/07/94	C	50458022304	B	WISORAL SIAM	4	13.41	✓
DE-RC-1	02/07/94	C	00005389846	B	SUPRAX O/S 100MG/5ML	100ML	48.90	✓
DE-RC-1	02/07/94	C	00002306102	B	CNECLOR PUL 250MG	100	176.05	✓
DE-RC-1	02/07/94	C	00002505868	B	CNECLOR O/S 250MG	150	45.74	✓
DE-RC-1	02/07/94	C	00002317130	B	LORABID PULVULE 400MG	30	100.17	✓
DE-RC-1	02/07/94	C	00002513687	B	LORABID O/S 200MG/5ML	50	20.14	✓
DE-RC-1	02/07/94	C	00087772060	B	CNEFIL TAB 250MG	100	231.43	✓
DE-RC-1	02/07/94	C	00087078442	B	DEPOT DURICEF CAP 500MG	100	250.73	✓
DE-RC-1	02/07/94	C	00087078341	B	DURICEF ORAL SUSP 500MG	100ML	28.92	✓
DE-RC-1	02/07/94	C	00087015850	B	MONOPRIL TAB 10MG	100	62.31	✓
DE-RC-1	02/07/94	C	00087060950	B	MONOPRIL TAB 20MG	100	66.69	✓
DE-RC-1	02/07/94	C	00088170022	B	CARAFATE SUSP THERAP PR 2X140X	28	49.29	✓
DE-RC-1	02/07/94	C	00088179530	B	CARDIZEM CD CAP 120MG	30	26.49	✓
DE-RC-1	02/07/94	C	00088179642	B	CARDIZEM CD CAP 180MG	90	91.20	✓
DE-RC-1	02/07/94	C	00088179742	B	CARDIZEM CD CAP 240MG	90	129.38	✓
DE-RC-1	02/07/94	C	00088177947	B	CARDIZEM SR CAP 120MG	100	97.20	✓
DE-RC-1	02/07/94	C	00378002301	G	DILTIAZEM TAB 30MG NPL	100	6.27	✓
DE-RC-1	02/07/94	C	00052026106	B	DESOCEN TAB	168	99.17	✓
DE-RC-1	02/07/94	C	00062154202	B	FLOXIN 400MG TABS	50	154.60	✓
DE-RC-1	02/07/94	C	00071053023	B	ACCUPRIL TAB 10MG	90	69.15	✓
DE-RC-1	02/07/94	C	00071036224	B	DILANTIN KAP 100MG	100	15.96	✓
DE-RC-1	02/07/94	C	00071080524	B	NEURONTIN CAP 300MG	100	79.50	✓
DE-RC-1	02/07/94	C	00071080624	B	NEURONTIN CAP 400MG	100	95.40	✓
DE-RC-1	02/07/94	C	00071985408	B	NICOTROL TRANSD PATCH 15MG	14	46.00	✓
DE-RC-1	02/07/94	C	00071020524	B	PROCAN SR TAB 750MG	100	76.15	✓
DE-RC-1	02/07/94	C	00071018124	B	PYRIDIUM TAB 200MG	100	81.86	✓
DE-RC-1	02/07/94	C	00662411073	B	GLUCOTROL 5 MG	500	132.59	✓

see p.1

HHD019-0773

HHD019-0773

PAGE 3

ID	DATE	TYPE	INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DE-RC-1	02/07/94	T	C	00069260066	B	PROCARDIA CAP 10MG	100	47.70	47.70
DE-RC-1	02/07/94		C	00069265012	B	PROCARDIA XL E/R TAB 30MG	300	285.15	
DE-RC-1	02/07/94		C	00069266066	B	PROCARDIA XL E/R TAB 60MG	100	167.83	
DE-RC-1	02/07/94		C	00021440305	B	COLYTE SOL FLAVORED 4-LITER	4	13.73	
DE-RC-1	02/07/94		C	00075006037	B	ALMACORT INHALER	20	35.19	
DE-RC-1	02/07/94		C	00075150543	B	NASACORT NASAL INHALER	10	31.94	
DE-RC-1	02/07/94		C	00085035203	B	FULVICIN P/G TAB 330MG	100	81.43	
DE-RC-1	02/07/94		C	00085049603	B	FULVICIN U/P TAB 500MG	60	53.45	
DE-RC-1	02/07/94		C	00085092401	B	LOTRISSONE CRN	15	13.50	
DE-RC-1	02/07/94		C	00085331030	B	NITRO-DUR SYS 0.2MG/XR	30	32.01	
DE-RC-1	02/07/94		C	00085332030	B	NITRO-DUR SYS 0.4MG/XR	30	35.00	
DE-RC-1	02/07/94		C	00085061402	B	PROVENTIL INHALER	17	18.70	
DE-RC-1	02/07/94		C	00085061403	B	PROVENTIL INHALER REF	17	17.24	
DE-RC-1	02/07/94		C	00085025902	B	VANCENASE A/Q NASAL SPR	25	26.29	
DE-RC-1	02/07/94		C	00085064902	B	VANCENASE POCNTIALER NASAL 7GM	7	24.35	
DE-RC-1	02/07/94		C	00078022605	B	DYNACIRC CAP 2.5MG	100	43.18	
DE-RC-1	02/07/94		C	00078022705	B	DYNACIRC CAP 5MG	100	63.30	
DE-RC-1	02/07/94		C	00364251301	G	ATEMOL TAB 50MG	100	8.72	
DE-RC-1	02/07/94		C	00364046721	G	NETILMID TAB 4MG UD SCHE 21	21	6.26	
DE-RC-1	02/07/94		C	00108359030	B	DYNALIDE CAPS	1000	299.36	
DE-RC-1	02/07/94		C	00029321120	B	PAXIL TAB 20MG	100	154.43	
DE-RC-1	02/07/94		C	00003045075	B	CAPOTEN TAB 12.5MG	1000	513.03	
DE-RC-1	02/07/94		C	00025138131	B	DAYPRO CAPLET 600MG	100	99.14	
DE-RC-1	02/07/94		C	18393027742	B	NAPROSYN TAB 500MG	100	103.31	
DE-RC-1	02/07/94		C	00033243542	B	TORADOL TAB 10MG	100	97.13	
DE-RC-1	02/07/94		C	00026851351	B	DEPOT CIPRO TAB 500MG	100	267.08	
DE-RC-1	02/07/94		C	00056017270	B	COUNADIN TAB 5MG	100	46.75	
DE-RC-1	02/07/94		C	00126000331	B	LURIDE DROPS	30	7.38	
DE-RC-1	02/07/94		C	00781109801	G	ANOXICIL CHW TAB 250MG GEN	100	17.74	
DE-RC-1	02/07/94		C	00781116405	G	NAPROXEN TAB 375MG SDV	500	275.00	
DE-RC-1	02/07/94		C	00781116505	G	NAPROXEN TAB 500MG SDV	500	335.71	
DE-RC-1	02/07/94		C	007811149510	G	PREDNISON TAB 5MG GEN	1000	10.58	
DE-RC-1	02/07/94		C	007811148501	G	PREDNISON TAB 20MG GEN	100	4.16	
DE-RC-1	02/07/94		C	007811180701	G	TRAMAD TAB 50MG GEN	100	6.28	

6732.28 ✓
 (35.12) ✓
 4697.16 ✓

dec p.1

HHD019-0774

HHD019-0774

PAGE 4

ID	DATE	TYPE	INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DE-RC-1	02/21/94	T	W	00085038101	B	TIMEO-DUR SPRINK CAP 125MG	100	18.16	18.16
DE-RC-1	02/21/94	W	W	00087047402	C	POLY-VI-FLOX CM TAB 1MG	100	13.19	13.19
DE-RC-1	02/21/94	W	W	00007400720	B	ESKALITH CAP 300MG	100	12.93	12.93
DE-RC-1	02/21/94	W	W	00259036448	B	STERAPRED TAB 10MG UU	48	13.21	13.21
DE-RC-1	02/21/94	W	W	00072700005	B	DESQUAN-X WASH 10%	5	11.05	11.05
DE-RC-1	02/21/94	W	W	00072690505	B	DESQUAN-X WASH 5%	5	10.32	10.32
DE-RC-1	02/21/94	W	W	00087076101	B	K-LYTE TAB 25MEQ ORANGE	30	22.45	22.45
DE-RC-1	02/21/94	W	W	50458022010	B	NIORAL TAB 200MG	100	228.13	228.13
DE-RC-1	02/21/94	W	W	00062154102	B	FLOXIN TAB 300MG	50	146.60	146.60
DE-RC-1	02/21/94	W	W	00364727756	C	CARDAC-DM DROP SCHE	30ML	2.27	2.27
DE-RC-1	02/21/94	W	W	00088105020	B	SILVADENE CRE 1% TEN	20CM	3.29	3.29
DE-RC-1	02/21/94	W	W	00472162816	G	PROMETHAS VC SYRP PL B/W 160MG	16	2.42	2.42
DE-RC-1	02/21/94	W	W	00028010501	B	BRETHINE TAB 5MG	100	31.04	31.04
DE-RC-1	02/21/94	W	W	50419041128	B	LEVLEN TAB	3X28	54.54	54.54
DE-RC-1	02/21/94	W	W	00149042702	B	ENTEX PSE TAB	100	60.66	60.66
DE-RC-1	02/21/94	W	W	50458022130	B	NIORAL CREAM 2% JAMS	30CM	19.13	19.13
DE-RC-1	02/21/94	W	W	00065064705	B	TOBRADIX DROP 0.3/0.1%	5ML	17.17	17.17
DE-RC-1	02/21/94	W	W	00173034409	B	1ANTAC TAB 150MG	100	140.84	140.84
DE-RC-1	02/21/94	W	W	00002317030	B	LORABID PULVULE 200MG	30	80.14	80.14
DE-RC-1	02/21/94	W	W	00149075202	B	ASACOL E/R TAB 400MG	100	48.76	48.76
DE-RC-1	02/21/94	W	W	00597008214	B	ATROVENT INHL AERO COMPL	14CM	23.85	23.85
DE-RC-1	02/21/94	W	W	00046087293	B	PRENARIN VAG CRE 0.625MG	1.50%	25.87	25.87
DE-RC-1	02/21/94	W	W	00085056701	B	ELOCON CRE 0.1%	15CM	12.41	12.41
DE-RC-1	02/21/94	W	W	53014001210	B	MUNIBID L.A. TAB	100	34.65	34.65
DE-RC-1	02/21/94	W	W	53014001710	B	DECONSAL II TAB 600/60MG	100	38.70	38.70
DE-RC-1	02/21/94	W	W	00781293701	G	CLINDAMY CAP 150MG GEN	100	55.39	55.39
DE-RC-1	02/21/94	W	W	00071009625	B	COGNEX CAP 10MG	120	96.99	96.99
DE-RC-1	02/21/94	W	W	00054474225	G	PREDNISON TAB 2.5MG ROX	100	3.81	3.81
DE-RC-1	02/21/94	W	W	00015561530	B	WALDECON PED DROP	30ML	16.43	16.43
DE-RC-1	02/21/94	W	W	00087058342	B	OVCON-35 TAB	5X21	126.20	126.20
DE-RC-1	02/21/94	W	W	00087771862	B	CETIL SUSP 125MG	75ML	16.62	16.62
DE-RC-1	02/21/94	W	W	00172234760	G	PROCAIN CAP 500MG GEN	100%	5.90	5.90
DE-RC-1	02/21/94	W	W	00126045346	B	PHOS-FLUR RINSE GRAPE	500ML	7.02	7.02
DE-RC-1	02/21/94	W	W	00032160278	B	DUPHALAC SYR 10CM	16	10.91	10.91
DE-RC-1	02/21/94	W	W	00087045141	G	POLY-VI-FLOX DROP 0.25MG	50ML	9.64	9.64

see p.1

HHD019-0775

HHD019-0775

PAGE 5

ID	TYPE	DATE	INV.	MDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DE-RC-1	W	02/21/94	W	0005601737000	B	COURADIN TAB 7.5MG	100	70.60	70.60
DE-RC-1	W	02/21/94	W	00536353001	G	CORTISONE TAB 25MG RUG	100	36.66	36.66
DE-RC-1	W	02/21/94	W	00085073604	B	VANCERIL INKALER 16.8GM	16.8	25.37	25.37
DE-RC-1	W	02/21/94	W	00087565041	B	STADOL NS NASAL SPR 2.5ML	2.5	49.05	49.05
DE-RC-1	W	02/21/94	W	00003017850	B	PRAYACKOL TAB 20MG	100	146.73	146.73
DE-RC-1	W	02/21/94	W	00585067103	B	NASALCROM NASAL SOL 13ML	13	18.20	18.20
DE-RC-1	W	02/21/94	W	00029485120	B	RELAPEN TAB 500MG	100	82.93	82.93
DE-RC-1	W	02/21/94	W	00075006037	B	ALMACORT INKALER 20GM	20	35.19	35.19
DE-RC-1	W	02/21/94	W	00069153066	B	NORVASC TAB 5MG	100	96.12	96.12
DE-RC-1	W	02/21/94	W	00173038879	B	HECOMASE AQ SPRAY 0.042%	25	27.39	27.39
DE-RC-1	W	02/21/94	W	50474036422	B	TRISICON CAP 60	60	23.19	23.19
DE-RC-1	W	02/21/94	W	11980018015	B	PRED FORTIS OPHTH SUSP 1% 15ML	15	27.64	27.64
DE-RC-1	W	02/21/94	W	00126012946	B	PHOS-FLUR ORAL LIQ CHERRY 500ML	500	7.02	7.02
DE-RC-1	W	02/21/94	W	00536337701	G	DICYCLOM TAB 20MG RUG	100	19.54	19.54
DE-RC-1	W	02/21/94	W	00039000930	B	LOPROX CRM 1%	30	15.36	15.36
DE-RC-1	W	02/21/94	W	00364234801	G	CYCLOHEMI TAB 10MG SCHE 100%	100	15.25	15.25
DE-RC-1	W	02/21/94	W	00472097416	G	ERYTHR ETK O/S 400MG B/W 160%	16	12.54	12.54
DE-RC-1	W	02/21/94	W	00555057202	G	NETROTH TAB 2.5MG BARR 100%	100	193.13	193.13
DE-RC-1	W	02/21/94	W	00182020266	G	VIT B-12 EDV 1000MCG CL 30ML	30	2.29	2.29

File: DEL.WQ1

See p.1

T = Traced to envelope
t = traced to invoice

X = erroneous entry; correction as shown

✓ = verified calculation

∞ = verified to McKesson data file

dp = verified to 1994 Red Book

✓ = verified method, sim. 8-17-95

X = Changes/corrections made to
data file. WHE 5/2/95

WHE 5/2/95

9618,200

HHD019-0776

HHD019-0776

02/07/94

EDGEHILL DRUGS, INC.
TRANSFERS TO STORE #9 EDGEHILL PHARMACY

PAGE 1

ENT	BTN	MAN	ITEM NUMBER	DESCRIPTION	CAT	REQ	SHIPPED	INCRD	UNIT	TRF COST	AWP	EP
001		ABB	0074622713	ERYTHRO BASE 500 MG 100'S	01 B	1	1		2.85	25.60	.00	
002		ABB	0074332313	HYTRIN 2 MG 100	01 B	1	1		113.20	113.20	.00	
003		ABB	0074394604	GEN 1.25 MG 100	01 B	1	1		58.85	57.85	.00	
004		ACM	0990064305	TUBREX 0.3% SOLN DT 5M	01 B	1	1		14.63	17.25	.00	
005		ALL	1190005020	PROPINE C CAP B.I.D. 10ML	01 B	1	1		22.31	26.31	.00	
006		APD	59772246101	MADOLAL 20 MG 100	01	1	1		57.75	60.14	.00	
007		APD	0003055550	SUNYCIN 250MG CAPS 1000	01 B	1	1		20.98	48.96	.00	
008		APD	0003076350	SUNYCIN 500MG CAPS 500	01 B	1	1		19.90	46.34	.00	
009		APD	0003010950	TRIMOX 500MG CAPS 500	01 B	1	1		62.10	190.31	.00	
010		BEE	0025000410	BD 00410 1CC N4S 100'S	01 B	5	5		17.56	21.47	.00	
011		BEE	0025000465	BD 00465 1/2CC N4S 100'S	01 B	5	5		17.56	21.47	.00	
012		BEE	0025007327	AUGMENTIN 250 MG 30	01 B	4	4		45.62	53.80	.00	
013		BEE	0025000027	AUGMENTIN 500 MG 30	01 B	4	4		63.60	75.00	.00	
014		BEE	0025009039	AUGMENTIN SUS 250/5 75ML	01 B	3	3		62.02	24.50	.00	
015		BEE	0025009022	AUGMENTIN SUS 250/5 150ML	01 B	2	2		40.79	46.10	.00	
016		BEE	0025000430	TIGERIN 200 MG SUPP 10	01 B	2	2		14.33	17.15	.00	
017		BEE	00250000214	ATROVENT INHALER 14 GM	01 B	4	4		23.00	26.14	.00	
018		BEE	00250000210	ATROVENT REFILL 14 GM	01 B	3	3		21.32	20.50	.00	
019		BTB	0524020001	E-MYCIN 333 MG 100	01 B	1	1		24.33	41.55	.00	
020		FOR	0450067099	NEROBID-M 100 MG 100	01 B	1	1		30.13	43.16	.00	
021		FOL	0160002015	SOD SULFACET 10% SOL 15ML	01	4	4		1.15	3.09	.00	
022		GBY	0020007101	LOPRESSOR 100 MG 100	01 B	4	4		63.56	72.67	.00	
023		GBY	57267091025	TRANSERM-NITRO 10(0.4)30	01 B	1	1		41.73	47.70	.00	
024		GLA	0173032180	VENTOLIN INHALER 17 GM	01 B	5	5		10.69	21.17	.00	
025		GLA	0173032190	VENTOLIN REFILL 17 GM	01 B	4	4		17.23	19.51	.00	
026		GLA	0173034400	ZANTAC 150 MG 100	01 B	12	12		140.84	159.44	.00	
027		HDE	0039003250	DIABETA 5 MG 500	01 B	2	2		210.11	237.20	.00	
028		IOL	0050251005	LIVOSTIN 0.05% 5 ML	01 B	1	1		17.17	13.44	.00	
029		JAN	5045002115	NIZORAL CREAM 15 GM	01 B	1	1		10.85	12.29	.00	
030		JAN	5045002204	NIZORAL SHAMPOO 120 ML	01 B	2	2		13.41	15.18	.00	
031		LIL	0003389046	SUPRAX 100/5 SUSP 100 ML	01 B	2	2		46.90	57.57	.00	
032		LIL	0002306102	CECLOR 250 MG CAP 100	01 B	2	2		176.05	193.31	.00	
033		LIL	0002505060	CECLOR SUSP 250/5 150ML	01 B	1	1		45.74	51.70	.00	
034		LIL	0002317130	LORABID CAP 400 MG 30	01 B	1	1		100.17	113.40	.00	
035		LIL	0002513687	LORABID SUSP 200/5 50ML	01 B	3	3		20.14	22.80	.00	
036		MJM	0007772060	CEFZIL 250 MG TAB 100	01 B	1	1		231.43	262.17	.00	
037		MJM	0007070442	DURICEF 500 MG CAP 100	01 B	1	1		250.73	274.21	.00	
038		MJM	0007070341	DURICEF SUSP 500/5 100ML	01 B	4	4		26.90	30.82	.00	
039		MJM	0007015050	MONOPRIL 10 MG 100	01 B	1	1		63.31	70.87	.00	
040		MJM	0007060350	MONOPRIL 20 MG 100	01 B	1	1		66.65	75.84	.00	
041		MMD	0008170022	CARAFATE SUSP THICK 2X140Z	01 B	2	2		49.29	55.60	.00	
042		MMD	0008175330	CARDIZEM CD 120 MG 30	01 B	4	4		25.49	28.00	.00	
043		MMD	0008175642	CARDIZEM CD 100 MG 90	01 B	1	1		51.20	107.20	.00	
044		MMD	0008175742	CARDIZEM CD 240 MG 90	01 B	1	1		124.33	145.40	.00	
045		MMD	0008177547	CARDIZEM SR 120 MG 100	01 B	1	1		97.20	114.63	.00	
046		NVL	0370002301	DILTIAZEM 30MG 100	01 B	1	1		6.27	36.28	.00	
047		ORG	0032005106	DESODEN 20 DPAC x 6	01 B	1	1		99.17	113.25	.00	
048		ORT	0062154202	FLOXIN 400 MG TABS 50	01 B	1	1		154.60	175.00	.00	
049		PAR	0071053023	ACUPRIL 10 MG 90	01 B	1	1		69.15	78.20	.00	
050		PAR	0071036224	DILANTIN 100 MG 100	01 B	12	12		15.90	18.00	.00	
051		PAR	0071000524	NEURANTIN 300 MG CAP 100	01 B	1	1		79.50	90.00	.00	

HHD019-0777

HHD019-0777

02/07/94

EDGEHILL DRUGS, INC.
TRANSFERS TO STORE 29 EDGEHILL PHARMACY

PAGE

ENT	BIN	MAN	ITEM NUMBER	DESCRIPTION	CAT	REQ	SHIPPED	QTY	UNIT	TRF	COST	AMP	EP
052		PAR	0071000624	NEURONTIN 400 MG TAB 100	-01 B	1	1		75.40	100.00	.00		
053		PAR	0071985408	NICOTROL 15 MG 14'S	-01 B	2	2		46.00	52.00	.00		
054		PAR	0071000524	PROCAN SR 750 MG 100	-01 B	1	1		76.15	86.21	.00		
055		PAR	0071018124	PYRIDUM 200 MG 100	-01 B	1	1		61.86	92.67	.00		
056		PF1	0662411073	GLUCUTROL 5 MG 300	-01 B	1	1		132.59	156.44	.00		
057		PF1	0069260066	PROCARDIA 10 MG 100	-01 B	2	2		47.70	56.25	.00		
058		PF1	0069263072	PROCARDIA XL 30 MG 300	-01 B	2	2	1	285.15	335.44	.00		
059		PF1	0069266066	PROCARDIA XL 60 MG 100	-01 B	3	3		107.83	198.81	.00		
060		RCC	0021440305	COLYTE FLAVORED 4 LITER	-01 B	6	6		13.73	15.70	.00		
061		RPR	0075006037	AZINACORT 100 MCG INH 20GM	-01 B	2	2		35.19	39.84	.00		
062		RPR	0075150543	AZINACORT 55 MCG INH 10 GM	-01 B	4	4		31.94	36.16	.00		
063		SCH	0005033203	FULVICIN P/B 330 MG 100	-01 B	1	1		81.43	92.10	.00		
064		SCH	0005049603	FULVICIN U/F 500 MG 60	-01 B	1	1		53.45	58.59	.00		
065		SCH	0005092401	LOTIRISONE CRM 15 GM	-01 B	8	8		13.50	15.29	.00		
066		SCH	0005331030	NITRO-DUR 0.2MG/HR 30	-01 B	2	2		32.81	36.24	.00		
067		SCH	0005332030	NITRO-DUR 0.4MG/HR 30	-01 B	2	2		35.88	40.62	.00		
068		SCH	0005061402	PROVENTIL INHALER 17 GM	-01 B	4	4		18.70	21.17	.00		
069		SCH	0005061403	PROVENTIL REFILL 17 GM	-01 B	6	6		17.24	19.51	.00		
070		SCH	0005025002	VANCENASE AQ SPRAY 25 ML	-01 B	3	3		26.29	29.76	.00		
071		SCH	0005064902	VANCENASE POCKETHALER 70M	-01 B	3	3		24.35	27.56	.00		
072		BDZ	0070002605	DYNACIRC 2.5 MG 100	-01 B	3	3		42.18	48.90	.00		
073		BDZ	0070002705	DYNACIRC 5 MG 100	-01 B	1	1		63.30	71.70	.00		
074		SHN	0364251301	ATENOLOL 50 MG 100	-01 B	2	2		8.72	61.58	.00		
075		SHN	0364046721	METHYLPRED 4MG 21 DOSEPK	-01 B	4	4		5.26	9.75	.00		
076		SHN	0364046101	PREDNISONE 10 MG 100	-01 B	2	2		7.44	14.05	.00		
077		SKF	0100359030	DIAZIDE CAPS 100M	-01 B	1	1		299.36	353.20	.00		
078		SKF	0029321120	PAXIL 20 MG TABS 100	-01 B	2	2		154.43	174.92	.00		
079		SOU	0003045075	CAPOTEN 12.5 MG 1000	-01 B	1	1		513.83	605.30	.00		
080		SRL	0005100131	CALAN SR 240 MG 500	-01 B	1	1		520.90	590.07	.00		
081		SRL	0025138131	DAYPRO 600 MG 100	-01 B	1	1		99.14	112.30	.00		
082		SYN	1839327742	NAPROSYN 500 MG 100	-01 B	2	2		102.31	117.01	.00		
083		SYN	0033243542	TORADOL ORAL 10 MG 100	-01 B	3	3		97.13	110.00	.00		
084		TDH	0025051351	CIPRO 500MG 100'S	-01 B	2	2		267.00	302.40	.00		
085		TDH	0036017270	COUMADIN 5 MG 100	-01 B	2	2		46.75	52.92	.00		
086		TDH	0125000331	LURIDE DROPS 30 ML	-01 B	2	2		7.38	8.71	.00		
087		WCH	0047000110	AMOXICILLIN 250MG 150M	-01 B	24	24		14.02	74.32	.00		
088		GEN	0781105001	AMOXICILLIN 250MG CHW 100L	-01 B	1	1		17.74	23.07	.00		
089		GEN	0781140001	AMITRIPTYLINE 50 MG 100	-01 B	1	1		5.84	8.92	.00		
090		GEN	0781116405	NAPROXEN 375 MG 500	-01 B	1	1		275.00	413.58	.00		
091		GEN	0781116505	NAPROXEN 500 MG 500	-01 B	1	1		235.71	394.90	.00		
092		GEN	0781143510	PREDNISONE 5 MG 1000	-01 B	1	1		10.58	23.50	.00		
093		GEN	0781148501	PREDNISONE 20 MG 100	-01 B	3	3		4.16	9.36	.00		
094		GEN	0781180701	TRAZIDONE 50 MG 100	-01 B	2	2		5.20	25.92	.00		

TOTAL FOR REQ NO 00022179

12652.60

12,394.45

2 TRACES

HHD019-0778

HHD019-0778



A Ciba-Geigy Company

CUSTOMER SERVICE: 800-525-8747
FAX # (303) 469-8467

INVOICE

Invoice # 2107962

Date 2/16/94
Time 18:23:55
Page 11

Cust. # 1166930

EDGEHILL DRUGS INC
ATTN: ACCOUNTING
4 BALTIMORE AVENUE
GEORGETOWN DE 19947

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D

1166930 B
EDGEHILL DRUGS INC #9
1401 MIDDLEFORD ROAD
SEAFOED DE 19973

PLEASE REMIT PAYMENT TO:
GENEVA PHARMACEUTICALS, INC.
DEPT. #135
DENVER, COLORADO 80291

Messages

Ter.

115 CAROL RAPIER

Order
Cust. P.O.
Ref. Inv. #

571181 00 2/14/94

F.O.B. DESTINATION
Frt. Trms.

2107962

LIN	ITEM #	DESCRIPTION	SIZE	ORDER QTY	BACK ORDERED	LOT #	SHIP QTY.	UNIT PRICE	TOTAL	WHS	TYP
1	105005	CARISOPRODOL 350MG 00-781-1050-05	500 TB	1	0	79761	1	18.95	18.95 BRM		
4	162301	CHLORPROPAMIDE 350MG QTY CANCEL - PLS REORDER	100 TB	1	0		0	2.20	.00 BRM		
5	176601	IMIPRAMINE 50MG 90-781-1766-01	100 TB	2	0	79338	2	2.05	4.10 BRM		
7	148501	PREDNISONE 20MG 00-781-1485-01	100 TB	1	0	529648	1	3.62	3.62 BRM		
8	232501	INDOMETHACIN 25MG 00-781-2325-01	100 CP	1	0	78354	1	2.09	2.09 BRM		
9	715016	LINDANE LOTION 1X 00-781-7150-16	16 OZ	1	0	19849A	1	8.39	8.39 BRM		
11	139401	HALOPERIDOL 5MG 00-781-1394-01	100 TB	1	0	79029	1	2.10	2.10 BRM		
42	169401	CHEN VIT W/FLO QTY CANCEL - PLS REORDER	100 TB	1	0		0	2.00	.00 BRM		

100-781-1050-05

We hereby guarantee that no article herein is, as of the date of shipment or delivery, adulterated, or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or is an article which may not, under the provisions of Section 404 or 505 of the Act, be introduced into interstate commerce. The terms set forth in this invoice constitute the exclusive statement of our contract; provided, however, if such terms vary from the terms contained in Buyer's written purchase order, this invoice shall be deemed a counter-offer and shall be deemed accepted by Buyer unless it notifies Seller in writing of its objection thereto within ten (10) days after receipt of this invoice. This contract may not be modified except in writing signed by Seller. Buyer's right to damages hereunder is limited to either the return of goods sold and the repayment of the price or any part thereof paid to Seller or to the replacement of non-conforming goods. These rights are in lieu of and exclusive of any and all other rights provided by law including any for breach of WARRANTY OF MERCHANTABILITY AND FITNESS FOR PARTICULAR

HHD019-0779

HHD019-0779



INVOICE

Please Detach and Return With
Remittance For Proper Credit

CUSTOMER SERVICE: 800-525-8747
FAX # (303) 469-6467

A Ciba-Geigy Company

Date 2/16/94
Time 18:23:56
Page 1

Invoice # 2107962

Cust. # 1166930
EDGEHILL DRUGS INC
ATTN: ACCOUNTING
4 BALTIMORE AVENUE
GEORGETOWN DE 19947

ST
LO
D

1166930 8
EDGEHILL DRUGS INC #9
1401 MIDDLEFORD ROAD
SEAFORD DE 19973

ST
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PLEASE REMIT PAYMENT TO:
GENEVA PHARMACEUTICALS, INC.
DEPT. # 135
DENVER, COLORADO 80291

Messages

1 INVOICE COPY

Order
Cust. P.O.
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115 CAROL RAPIER

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F.O.B. DESTINATION
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2107962

SALES AMOUNT 39.25
NET AMOUNT DUE BY 4/01/94 39.25
2.000 X CASH DISCOUNT IF PAYMENT RECEIVED BY 3/17/94

received
2/14/94

SERVICE LEVEL: 8 LINES FILLED: 4 75 X LINES NEW: 0
SHIPMENT INFORMATION: SHIP DT SHIP DT BILL OF LADING
FEDERAL EXPRESS 2/15/94 3526103804 1

We hereby guarantee that no article herein is, as of the date of shipment or delivery, adulterated, or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or is an article which may not, under the provisions of Section 404 or 505 of the Act, be introduced into interstate commerce. The terms set forth in this invoice, constitute the exclusive statement of our contract; provided, however, if such terms vary from the terms contained in Buyer's written purchase order, this invoice shall be deemed a counter-offer and shall be deemed accepted by Buyer unless it notifies Seller in writing of its objection thereto within ten (10) days after receipt of this invoice. This contract may not be modified except in writing signed by Seller. Buyer's right to damages hereunder is limited to either the return of goods sold and the repayment of the price or any part thereof paid to Seller or to the replacement of non-conforming goods. These rights are in lieu of and exclusive of any and all other rights provided by law including any for breach of WARRANTY OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSE. This contract shall be governed by the laws of the State of Colorado.

HHD019-0780

HHD019-0780



PAYING BY INVOICE, PLEASE REMIT
MERCK HUMAN HEALTH DIVISION
MERCK HUMAN HEALTH DIV
P.O. BOX 7780-3061
PHILADEL PA 19182-3061

ORIGINAL COPY
TERMS: INVOICE

0340214142 ADDRESS 213M
300 FRANKLIN SQUARE DRIVE
TELE NO. 1-800-637-2579
2% 15TH PROX NET EOM SOMERSET NJ 08873

EDGEHILL PHCY #9 ****
1401 MIDDLEFORD ROAD

SEAFORD DE 19973

SPECIAL INSTRUCTIONS:

WHSE	DIST. CODE
14	000
PICK NBR.	
PICK DATE	221
02-15-94	
SHIP DATE	
02-15-94	
INV. DATE	02-15-94

CUST. NARCOTIC NO.	CUSTOMER ORDER NUMBER	CUST. NUMBER	INV. NO.
AE6846755		0300102	0100

SHIPPED VIA: GROUND UPS/RFS/GPS TERRS: 0212 5212 9212 9212

P	C	DESCRIPTION	PRODUCT SIZE	QTY.	UNIT PRICE	EXTENSION
0034-63	100	ALDORIL-25 TABLET	329568	1	41.91	41.91
0037-60	60	DOLOBID 500MG TAB	339261	1	54.02	54.02
0014-62	100	VASOTEC 2.5 MG TABLETS	341168	1	55.53	55.53
00713-60	100	VASOTEC 10MG TAB	341368	3	74.08	222.24
00732-61	60	MEVACOR 20MG TABLETS	356161	2	95.83	191.66
00732-61	60	MEVACOR 40MG TABLETS	356261	1	172.49	172.49
0106-58	100	PRINIVIL 10MG UNIT USE	357358	1	65.13	65.13

NOW AVAILABLE TIMOPTIC-XE AND
PRINZIDE 10/12.5 MG ASK YOUR
CSR FOR DETAILS **

received
2/17/94

FA 36 (REV. 9/85)
WE HEREBY GUARANTEE THAT THE ARTICLES LISTED HEREIN ARE NOT ADULTERATED OR MISBRANDED WITHIN THE
MEANING OF THE FEDERAL FOOD, DRUG AND COSMETIC ACT AND ARE NOT ARTICLES WHICH MAY NOT BE INTRODUCED
INTO INTERSTATE COMMERCE UNDER THE PROVISIONS OF SECTION 404 OR 505 OF SAID ACT AND THAT THE SAME
HAVE BEEN PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT, AS AMENDED.
TITLE TO MERCHANDISE PASSES TO BUYER AT POINT OF SHIPMENT.

TOT. WGT.	TOT. QTY.	TOT. EXT.
1.07	10	802.98

Invoice

ACCT MGR: 517
BILLING DATE: 2/21/94 032
OEM: M 01VZZ010XU
BATCH: 003
291625 903372 030 024
CUSTOMER ICN
001457052
INVOICE DATE 2/21/94 INVOICE NO. 001457052
PAGE 1

HAZARDOUS MATERIALS
CODE CLASSIFICATIONS
LISTED ON REVERSE SIDE

ITEM NUMBER	QTY ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP %	I O	CODE	EXTENS M
2261113	1	THEO-DUR SPRINK CAP 125MG	21.64	16.1	16.0		R	18.16
1344688	1	POLY-VI-FLOR CH TAB 1MG	15.15	13.2	13.2		R	13.19
2291847	1	ESKALITH CAP 300MG	15.23	13.2	13.2		R	13.19
3683620	1	STERAPRED TAB 10MG UU	12.51	11.7	11.7		R	13.21
2286268	1	DESQUAM-X WASH 5% ORANGE	26.16	22.8	22.8		R	11.05
1913169	1	NIZORAL TAB 250MG	15.96	11.7	11.7		R	11.03
1344415	1	FLOXIN TAB 300MG	15.96	11.7	11.7		R	44.90
1134352	1	FLOXIN TAB 300MG	15.96	11.7	11.7		R	228.13
1804053	1	FLOXIN TAB 300MG	15.96	11.7	11.7		R	146.60
2292449	2	CARDIAC-DM CRMP 12 TBE	2.52	9.9	9.9		K	4.54
1936665	1	SILVADENE CRMP 12 TBE	3.88	15.2	15.2		V	3.42
1328475	1	PROMETHAZ VC SYRP PL 8/N	3.07	21.2	21.2		V	31.04
2781672	1	BREVLETHINE TAB 5MG	35.31	15.2	15.2		R	54.54
3517042	1	LENTEX PSE TAB 2%	68.68	15.2	15.2		R	60.66
2156372	1	NIZORAL CREAM 2%	22.25	15.2	15.2		R	19.17
3654415	1	TOBRADEX DROP 0.3/0.1%	20.25	15.2	15.2		R	17.17
3454360	1	TANTAC TAB 150MG	159.44	11.7	11.7		R	140.84
2406593	1	RAPID	80.14	7.7	7.7		R	80.14
1318203	1	SAC	48.76	7.7	7.7		R	48.76
3683802	1	LOC	21.55	7.7	7.7		R	21.55
2773935	1	LOC	12.41	7.7	7.7		R	12.41
1389808	1	LOC	36.65	7.7	7.7		R	36.65

THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN FIVE DAYS AND SHOW DATE OF INVOICE.
TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

CONTINUED